



**City of Tacoma  
Planning Commission**

June 6, 2012

HONORABLE MAYOR AND MEMBERS OF THE CITY COUNCIL,

On behalf of the Planning Commission, I am forwarding our recommendations on the proposed Medical Cannabis Land Use Regulatory Code Amendment.

Through the Medical Cannabis Moratorium (imposed per Ordinance No. 28010, August 1, 2011, and subsequently extended per Ordinance No. 28021, October 4, 2011), the Planning Commission was directed to review medical cannabis land use impacts and to develop appropriate zoning regulations regarding medical cannabis collective gardens and/or dispensaries. The Planning Commission has reviewed the existing Comprehensive Plan policies, existing state and Federal regulations, and potential community impacts where medical cannabis facilities might operate, as well as the analysis and recommendations of the Medical Cannabis Task Force.

The Planning Commission first developed three alternative land use regulations (i.e., Alternatives A, B and C) which varied in the way they approached the following aspects: zoning districts where medical cannabis facilities may be permitted; applicable sensitive uses associated with school-aged children; buffering distances between proposed and existing locations of medical cannabis operations and sensitive uses; limitations on the physical size of medical cannabis facilities; and, limitations on the number of participating collective gardens that can co-locate.

Then, upon further review and deliberation, including conducting a public hearing on May 16, 2012, the Planning Commission concluded that Alternative "A", as described in the enclosed "Planning Commission's Findings and Recommendations Report, June 6, 2012", would provide the best tools to minimize land use compatibility impacts on the community. The Planning Commission appreciated the thoroughness that the Medical Cannabis Task Force put in developing their recommendations, which most closely aligned with Alternative "A", and found that these recommendations best addressed the objectives you asked the Commission to consider.

The Planning Commission acknowledges the complexity of the issues associated with medical cannabis, and understands that land use regulations are only one component of a complete regulatory scheme to address the issues and effectively mitigate potential impacts to the community. Further, the Planning Commission respectfully declines to make a recommendation regarding what it understands to be substantial questions of law including whether the City has the authority to enact zoning regulations relating to these uses, whether such regulations are preempted by federal law, and whether such regulations would conflict with local, state, and federal laws that make possession of marijuana a crime.

Sincerely,

DONALD K. ERICKSON, AICP  
Chair  
Enclosure





## MEDICAL CANNABIS LAND USE REGULATORY CODE AMENDMENT

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### TACOMA PLANNING COMMISSION FINDINGS AND RECOMMENDATIONS JUNE 6, 2012

#### **A. SUBJECT:**

Proposed Medical Cannabis Land Use Regulatory Code Amendment.

#### **B. SUMMARY OF PROPOSED AMENDMENT:**

This amendment considers how to regulate the land use impacts of medical cannabis “network member distribution centers” and “collective gardens” and to protect the public health, safety, and general welfare while providing safe, secure and reasonable access for qualified medical cannabis patients. The considerations of adopting licensing requirements associated with performance of medical cannabis operations and questions of law are separate from this amendment. Rather, the proposed amendments to the Land Use Regulatory Code focus on tools to minimize land use compatibility impacts on the community. The tools considered in this amendment include:

- Zoning framework for medical cannabis facilities based on where similar types of uses are currently permitted (i.e. allowing for medical cannabis “network member distribution centers” in areas where similar uses are allowed);
- Identifying sensitive uses associated with school-aged children;
- Considering separation distances (buffers) between proposed and existing locations of medical cannabis facilities and existing sensitive uses;
- Limiting the physical size of medical cannabis facilities; and
- Limiting the number of participating collective gardens that can co-locate.

#### **C. BACKGROUND:**

On August 1, 2011, the Tacoma City Council adopted a 6-month moratorium (Ordinance No. 28010) on issuing permits and business licenses associated with medical cannabis facilities. Further, the moratorium was recommended by the Planning Commission for an extension to August 1, 2012, a recommendation that the City Council adopted (Ordinance No. 28021) on October 4, 2011.

In October 2011, the Mayor appointed the Medical Cannabis Task Force, comprised of citizen stakeholders and experts to research, discuss and recommend actions regulating medical cannabis in Tacoma. The Medical Cannabis Task Force dissolved on May 1, 2012 after offering its final recommendations to the appropriate legislative and administrative advisory bodies of the City.

Since February 2012, the Planning Commission has been presented with state and federal legal

background information, comparable approaches of other jurisdictions in Washington State and elsewhere, and various draft regulatory options for discussion.

**D. FINDINGS OF FACT:**

1. On August 1, 2011, the Tacoma City Council adopted a 6-month moratorium (Ordinance No. 28010) that applied city-wide on issuing permits and business licenses associated with medical cannabis facilities. Subsequently, the moratorium was recommended by the Planning Commission for an extension to August 1, 2012, which the City Council adopted (Ordinance No. 28021) on October 4, 2011.
2. RCW 35A.63.220 and Tacoma Municipal Code (TMC) 13.02.055 permit the establishment of moratoria when it is found to be necessary as a protective measure.
3. With regards to the duration of moratoria, the Code provides:  
“Moratoria or interim zoning may be effective for a period of not longer than six months, but may be effective for up to one year if a work plan is developed for related studies requiring such longer period.” [Excerpt from TMC 13.02.055.D.]
4. With the adoption of Ordinance No. 28010, the City Council declared that an emergency existed and that immediate adoption of a moratorium was necessary to prevent the continued authorization of medical cannabis facilities that might be inconsistent with the general public welfare and undermine the policies and intent of the Comprehensive Plan.
5. The Planning Commission acknowledges that the City Council, through the moratoria process, directed the Planning Commission to develop appropriate zoning regulations pursuant to the newly amended law regarding medical cannabis collective gardens and/or medical cannabis dispensaries and evaluate secondary impacts of these uses on adjacent land uses and in particular residentially zoned areas.
6. The Planning Commission reviewed the statewide voter approved Initiative 692 which established the Medical Marijuana Act (renamed in 2011 as the Medical Cannabis Act, hereafter “the Act”, RCW 69.51A).
7. The Planning Commission reviewed the Engrossed Second Substitute Senate Bill (E2SSB) 5073 of the 2011 Regular Session, which amended the Medical Cannabis Act to clarify the status and relationships among qualified patients, health care professionals offering recommendations, and designated providers of cannabis for medical use.
8. RCW 69.51A.140(A) states, “cities and towns may adopt and enforce any of the following pertaining to the production, processing, or dispensing of cannabis or cannabis products within their jurisdiction: Zoning requirements, business licensing requirements, health and safety requirements, and business taxes. Nothing in chapter 181, Laws of 2011 is intended to limit the authority of cities and towns to impose zoning requirements or other conditions upon licensed dispensers, so long as such requirements do not preclude the possibility of siting licensed dispensers within the jurisdiction. If the jurisdiction has no commercial zones, the jurisdiction is not required to adopt zoning to accommodate licensed dispensers.”

9. The Planning Commission understands that under RCW 69.51A.085 "qualifying patients may create and participate in collective gardens for the purpose of producing, processing, transporting, and delivering cannabis for medical use".
10. The Planning Commission understands that collective gardens, as defined in RCW 69.51A.085, may include no more than ten qualifying patients. A collective garden is also understood to contain no more than 15 plants and 24 ounces of useable cannabis per patient; and no more than a total of 45 plants and 72 ounces of useable cannabis per collective garden.
11. In response to the moratorium ordinance and the City Council's direction, the Planning Commission, along with staff from the Community and Economic Development Department, reviewed the existing Comprehensive Plan policies, existing state regulation, potential community impacts where medical cannabis facilities might operate, and assembled draft code amendments to address community and Council concerns. These issues were presented to and discussed by the Planning Commission at their meetings on August 17 and September 7, 2011, as well as on February 1, March 7, April 4, April 18, and May 16, 2012, all of which were open to the public.
12. At the Planning Commission meeting on April 4, 2012, Medical Cannabis Task Force Chair, Stan Rumbaugh, presented the Medical Cannabis Task Force's preliminary land use recommendations which consisted of a proposal to basically recognize two types of medical cannabis uses that could be permitted: a commercial-like distribution center and an industrial-like collective garden. The Medical Cannabis Task Force's preliminary recommendation also included a zoning scheme that would address the appropriate placement of distribution centers and collective gardens. Chair Rumbaugh explained that the MCTF was also considering size limitations for distribution centers, a limit to the number of collective gardens that can co-locate on any given parcel, and buffering requirements between medical cannabis facilities and other sensitive uses such as churches, schools, and day-cares. Also described under the MCTF preliminary recommendation for land use consideration were provisions for specific application requirements, hours of operation for medical cannabis facilities, and floor plan and security plan requirements.
13. MCTF's preliminary recommendations were reviewed by the Planning Commission and many of the concepts were incorporated into a proposed land use regulatory code alternative (Alternative "A").
14. Alternative "A" would prohibit production (cultivation and processing) outside of industrial zoning districts (M-1 Light Industrial District, M-2 Heavy Industrial District, PMI Port Maritime Industrial District) and some downtown zoning districts (DCC Downtown Commercial Core District, DMU Downtown Mixed-Use District, WR Warehouse Residential District). Distribution would be prohibited in residential zoning districts, including the residentially-oriented mixed use zoning districts (RCX Residential Commercial Mixed-Use District, NRX Neighborhood Residential Mixed-Use District, URX Urban Residential Mixed-Use District), as well as the T Transitional Commercial District. Sensitive use buffers of 1,000 feet would be applied to separate medical cannabis use from schools, daycares and religious facilities. Limits on size of distribution uses would range

from 500 to 2,000 square feet (s.f.), or 1,500 s.f. within a 3,000 s.f. maximum space when co-located with other uses associated with health and wellness.

15. Alternative “B” was developed as a refinement of Alternative “A”. Alternative “B” removed specific application requirements, hours of operation for medical cannabis facilities, and floor plan and security plan requirements, which are not commonly contained within a land use code. Similar to Alternative “A”, proposed Alternative “B” calls out two separate medical cannabis uses: a commercial-like medical cannabis distribution use and an industrial-like medical cannabis production use. In an effort to simplify the application and enforcement of the land use code, proposed Alternative “B” did not include size requirements for medical cannabis facilities.
16. Alternative “B” represented the least restrictive of the three alternatives considered.
17. Alternative “C” included a unified use, “collective garden”, which included production (cultivation and processing) and would have been allowed in industrial zoning districts (M-1 Light Industrial District, M-2 Heavy Industrial District, and PMI Port Maritime Industrial District). Distribution-centric operations were prohibited. Ancillary distribution would only be allowed to occur between members of the collective garden under a patient/provider relationship. Buffers from sensitive uses of 1,000 feet included schools, daycares, parks and greenbelts, churches, community centers and other sensitive uses.
18. Alternative “C” represented the most restrictive alternative.
19. The three alternatives were authorized for public review on April 18, 2012.
20. A staff report and analysis of the proposed Code amendment was prepared by the Long Range Planning Division of the Community and Economic Development Department. The report provided a general description of three proposed alternatives for regulating medical cannabis. The report also discussed applicable provisions of the State Growth Management Act, the City Comprehensive Plan, the City’s Land Use Regulatory Code, and applicable state legislation. The proposed amendment was analyzed using the ten criteria found in Chapter 13.02 of the Tacoma Municipal Code pertaining to proposed amendments to the Comprehensive Plan or Development Regulations.
21. Development Regulations:
  - (a) Development Regulations are defined to include, but are not limited to, zoning controls, critical area ordinances, shoreline master programs, official controls, planned unit development ordinances, subdivisions ordinances, and binding site plan ordinances.
  - (b) The Land Use Regulatory Code, Title 13 of the Tacoma Municipal Code (*TMC*), is the key regulatory mechanism that supports the Comprehensive Plan.
  - (c) The procedures and criteria for amending Development Regulations are set forth in Chapter 13.02 of the *TMC*.
  - (d) The proposed amendment to the Land Use Regulatory Code that address medical cannabis fits within this definition of Development Regulations.

## 22. Public Hearing Notification Process:

- (a) The public hearing was set for May 16, 2012, and the record was kept open through March 18, 2012 to receive written comments.
- (b) The notice of the Public Hearing was disseminated widely as described below:
  - Mailed and/or e-mailed to Neighborhood Councils, business district associations, civic organizations, environmental groups, development interests, adjacent jurisdictions, the Puyallup Tribal Nation, major employers and institutions, City and State departments, the Tacoma Library System, and other known interested individuals or groups;
  - Posted on the Long-Range Planning Division's website at [www.cityoftacoma.org/planning](http://www.cityoftacoma.org/planning);
  - Posted on the public information bulletin boards on the first and second floors of the Tacoma Municipal Building;
  - Published in The News Tribune on May 3, 2012;
  - Notified the State Department of Commerce on April 30, 2012 (pursuant to RCW 36.70A.106), and received no comments from any state agencies.
  - Notified Joint Base Lewis-McChord on May 2, 2012 (pursuant to RCW 36.70A.530(4)), and received no comments.
  - Additional e-mails distributed to representatives of Neighborhood Councils, Neighborhood Business District Associations and various community groups, drawing their attention to some of the details of the proposed amendments that may be of particular interest to them.
- (c) Environmental Review – Pursuant to WAC 197-11 and Tacoma's SEPA procedures, a Preliminary Determination of Environmental Nonsignificance (DNS) was issued on April 30, 2012 (SEPA File Number SEP2012-40000180550), based upon a review of a completed environmental checklist. The DNS and the environmental checklist were provided or made available to appropriate entities that had received the public hearing notice, and a legal notice announcing the availability for review was placed in the City's official newspaper, the Tacoma Daily Index, on May 2, 2012. No comments were received through the comment period ending on May 30, 2012, and the DNS became final on June 6, 2012.
- (d) Public Review Document – The complete text of the proposed amendments, the associated staff analyses, the DNS and the environmental checklist, and relevant background information were compiled into a Public Review Document. The document was made available for public review at all branches of the Tacoma Public Library and at the office of the Community and Economic Development Department. Its availability was also announced to appropriate entities that had received the public hearing notice.

## 23. Public Hearing Comments and Responses:

- (a) There was no public testimony at the May 16, 2012 public hearing. Five written comments were submitted by the close of the comment deadline on May 18, 2012.

(b) A total of five public comments were received prior to the close of the comment period. The comment letters are attached to this report and marked as Exhibits “C-1” through “C-5” In summary, each comment addressed the following:

- Written comment letter received May 3, 2012, from Mr. Robert Hill (see Exhibit “C-1”), expressed concern about “overblown treatment of cannabis providers” and perhaps concern over medical cannabis use, in general, and requested information about proposed city legislation.
- Written comment letter received May 16, 2012, from Medical Cannabis Task Force (see Exhibit “C-2”), expressed general support of Alternative “A”, which most closely aligns with the Medical Cannabis Task Force recommendations to City Council for land use considerations.
- Written comment letter received May 18, 2012, from Tacoma Medical Collective (see Exhibit “C-3”), expressed general support of Alternative “B”.
- Written email comment received May 18, 2012, from Cannatronics Society (see Exhibit “C-4”), expressed general support of either Alternative “A” or “B” and expressed opposition to Alternative “C”, claiming Alternative “C” to be far too restrictive
- Written comment letter from Brad Harp of the Tacoma-Pierce County Health Department (see Exhibit “C-5”) under the opportunity to comment under SEPA notification. Mr. Harp brought to the attention of staff that the Smoking in Public Places law is not limited to just tobacco, but applies to all smoking materials. Mr. Harp asserts that the City should keep in mind that smoking restrictions are in place under this law and should be noted during future code updates.

24. The Planning Commission met on June 6, 2012 and reviewed all three alternatives, “A”, “B”, and “C”, against the Council’s objectives set out in Ordinance, No. 28010 and concluded that Alternative “A” best satisfied these, particularly in terms of addressing secondary impacts within the vicinity and upon residential uses. The Planning Commission believes that limitations on the size of medical cannabis uses in conjunction with spacing between medical cannabis uses and sensitive uses such as schools, daycares, and religious facilities best achieves these objectives.

## **E. CONCLUSIONS:**

1. After review of public comments, discussions with staff, presentations by the Medical Cannabis Task Force, and three code alternatives developed by the Planning Commission, the Planning Commission recommended what they entitled “Alternative ‘A’” with minor modifications.
2. The recommendation by Planning Commission was developed to best respond to the following specific directives from City Council contained in the moratorium, Ordinance No. 28010: “develop appropriate zoning regulations pursuant to the newly amended law regarding medical cannabis collective gardens and/or dispensaries”; “evaluate the secondary impacts of these uses and facilities which may include, but not be limited to, burglaries

associated with cash and marijuana maintained on the site, or an increase of other illegal activities such as drug use in their vicinity of these uses and facilities”; and, “analyze the impacts of allowing these uses and facilities in residential zones as well as impacts arising from proximity to schools, daycare facilities, parks, religious facilities, cultural facilities, jails, courthouses and drug and alcohol rehab facilities”.

3. Concerning the proposed Medical Cannabis Land Use Regulatory Code Amendment, the Planning Commission concludes that:
  - (a) The City should regulate non-residential medical cannabis facilities to minimize land use impacts in the following ways:
    - i. A zoning framework shall allow for:
      - a. a commercial-like medical cannabis “network member distribution center” use to be allowed in all non-residential zones, with the exception of the T Transitional Commercial District and the NRX Neighborhood Residential Mixed-Use District, RCX Residential Commercial Mixed-Use District and URX Urban Residential Mixed-Use District zones, which feature greater residential character;
      - b. an industrial-like medical cannabis “collective garden” use (for cultivation and/or processing of cannabis for medical use, which is similar in scale to other industrial-like uses such as commercial bakeries, businesses engaged in processing, fabrication and assembly, and other light-industrial uses) to be allowed in the M-1 Light Industrial District, M-2 Heavy Industrial District, PMI Port Maritime Industrial District, UCX-TD Urban Commercial Mixed-Use – Tacoma Dome District, CIX Commercial Industrial Mixed-Use District, DCC Downtown Commercial Core District, DMU Downtown Mixed-Use District, and WR Warehouse Residential District zones.
    - ii. 1,000-foot sensitive use buffers shall be applied to public and private schools, daycares and religious facilities;
    - iii. Limitations shall apply to the size of medical cannabis “network member distribution centers” ranging from 500 to 2,000 square feet (s.f.), or 1, 500 s.f. within a 3,000 s.f. maximum space when co-located with other uses associated with health and wellness;
    - iv. Limitations of no more than six collective gardens, where permitted, shall be allowed to co-locate on a single site;
    - v. Signage shall not exceed 7.5 square feet and shall not be of any dimension greater than 36”.
4. The Planning Commission concludes, in concurrence with the Medical Cannabis Task Force’s recommendations, that to ensure secondary impacts are minimized and mitigated submittal requirements should be established for applicants of medical cannabis facilities. These submittals should include, but may not be limited to, floor plans and security plans, that demonstrate compliance with operational standards. Like the Medical Cannabis Task Force, the Planning Commission agrees with the importance of codified non-land use

submittal requirements that would complement the proposed Medical Cannabis Land Use Regulatory Code Amendment.

5. The Planning Commission further concludes that the proposed Medical Cannabis Land Use Regulatory Code Amendment, as described above, is consistent with the Growth Management Act, will benefit the City as a whole, will not adversely affect the City’s public facilities and services, and is in the best interests of the public health, safety and welfare of the citizens of Tacoma.
6. Finally, The Planning Commission did not address questions of law or legality with regards to medical cannabis use.

**E. RECOMMENDATIONS:**

The Planning Commission recommends that the City Council adopt the Medical Cannabis Land Use Regulatory Amendment as set forth in Exhibit “A” to the “Findings and Recommendations”.

The Planning Commission makes this recommendation in response to the City Council’s direction in Section 10 of Ordinance No. 28010 to develop appropriate zoning regulations pursuant to E2SSB 5073. The Commission considered secondary impacts of medical marijuana collective gardens and medical marijuana dispensaries as directed by the Council. However, the Commission declines to make a recommendation regarding what it understands to be substantial questions of law including whether the City has the authority to enact zoning regulations relating to these uses, whether such regulations are preempted by federal law, and whether such regulations would conflict with local, state, and federal laws that make possession of marijuana a crime.

**F. EXHIBITS:**

- “A” - Proposed Land Use Regulatory Code Amendments
- “B” - Map of the zoning areas for medical cannabis functions
- “C-1” through “C-5” - Comment Letters

**Medical Cannabis Land Use Regulations**

**PLANNING COMMISSION RECOMMENDATIONS**

Note – These amendments show all of the proposed changes to the *existing* land use regulations. The sections included are only those portions of the code that are associated with these amendments. New text is underlined. No text is proposed to be deleted.

**13.06.100 Residential Districts.**

\* \* \*

Uses	R-1	R-2	R-2SRD	HMR-SRD	R-3	R-4-L	R-4	R-5	Additional Regulations <sup>1</sup>
Master plans for any conditional use	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.							
<u>Medical Cannabis Network Member Distribution Center</u>	<u>N</u>	<u>See definition for “Medical Cannabis Network Member Distribution Center”.</u>							
<u>Medical Cannabis Collective Garden</u>	<u>N</u>	<u>See definition for “Medical Cannabis Collective Garden”.</u>							
Microbrewery/winery	N	N	N	N	N	N	N	N	Microbrewery/winery

\* \* \*

13.06.200 Commercial Districts.

\* \* \*

Uses	T	C-1	C-2 <sup>1</sup>	HM	PDB	Additional Regulations <sup>2,3</sup> (also see footnotes at bottom of table)
Master plans for any conditional use	CU	CU	CU	CU	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.
<u>Medical Cannabis Network Member Distribution Center</u>	<u>N</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Network Member Distribution Center”.</u>
<u>Medical Cannabis Collective Garden</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Collective Garden”.</u>
Microbrewery/winery	N	N	N	N	N	Microbrewery/winery

\* \* \*

13.06.300 Mixed-Use Center Districts.

\* \* \*

Uses	NCX	CCX	UCX	UCX-TD	RCX <sup>1</sup>	CIX	HM X	URX	NRX	Additional Regulations <sup>3,4,5</sup> (also see footnotes at bottom of table)
Master plan for any conditional use	CU	CU	CU	CU	CU	CU	CU	CU	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.
<u>Medical Cannabis Network Member Distribution Center</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>N</u>	<u>P*</u>	<u>P*</u>	<u>N</u>	<u>N</u>	<u>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Network Member Distribution Center”.</u>
<u>Medical Cannabis Collective Garden</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>P*</u>	<u>N</u>	<u>P*</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Collective Garden”.</u>
Microbrewery/ winery	N	N	N	P	N	P	N	N	N	Microbreweries shall be limited to 15,000 barrels per year of beer, ale, or other malt beverages, as determined by the filings of barrelage tax reports to the Washington State Liquor Control Board. Equivalent volume winery limits apply.

\* \* \*

**13.06.400 Industrial Districts.**

\* \* \*

USES	M-1	M-2	PMI	ADDITIONAL REGULATIONS <sup>1</sup>
Master plan for any conditional use	CU	CU	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.
<u>Medical Cannabis Network Member Distribution Center</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>*Subject to additional requirements contained in Section 13.06.565.</u> <u>See definition for “Medical Cannabis Network Member Distribution Center”.</u>
<u>Medical Cannabis Collective Garden</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>*Subject to additional requirements contained in Section 13.06.565.</u> <u>See definition for “Medical Cannabis Collective Garden”.</u>
Microbrewery/winery	P	P	P	

\* \* \*

**13.06A Downtown Tacoma**

\* \* \*

**13.06A.050 Additional use regulations.**

A. Use Categories.

1. Preferred. Preferred uses are expected to be the predominant use in each district.
2. Allowable. Named uses and any other uses, except those expressly prohibited, are allowed.
3. Prohibited. Prohibited uses are disallowed uses (no administrative variances).

B. The following uses are prohibited in all of the above districts, unless otherwise specifically allowed:

1. Adult retail and entertainment.
2. Heliports.
3. Work release facilities.
4. Jails and correctional facilities.
5. Billboards.

C. Special needs housing shall be allowed in all downtown districts in accordance with the provisions of Section 13.06.535.

D. Medical cannabis network member distribution center shall be allowed in all downtown districts in accordance with the provisions of Section 13.06.565.

\* \* \*

**13.06.522 District sign regulations.**

\* \* \*

I. Sign regulations for conditional uses in residential districts and specified uses in all districts.

1. Application. The following regulations apply to conditional uses as designated. These regulations also apply to the uses noted as permitted uses in any district when the provisions below provide the greater sign allowance, in whole or in part.

\* \* \*

9. Signage for any medical cannabis facility shall not exceed 7.5 square feet in area and shall not be of any dimension greater than 36”.

\* \* \*

**13.10 Shoreline Management.**

\* \* \*

**13.10.035 Prohibited uses in all shoreline districts.**

A. The following uses are prohibited in all shoreline districts: medical cannabis network member distribution center and medical cannabis collective garden.

\* \* \*

### 13.06.700 Definitions and Illustrations.

\* \* \*

Mansard roof. A roof with two slopes or pitches on each of the four sides, the lower slopes steeper than the upper.

Medical Cannabis Collective Garden. This is an industrial use located entirely within a structure where safe, secure processing and production of cannabis for medical use per RCW 69.51A. This use allows for the cultivation, processing, fabrication, assembly, treatment, testing, infusion, and packaging of medical cannabis in preparation for its distribution or consumption. This use allows for the processing and production of cannabis into a medical product that involve a maximum network of six (6) collective gardens, as defined by the state, located on any given parcel of land. Pursuant to state law, ten (10) individual collective members may combine to support one collective garden. This use may include the involvement of collectives, cooperatives, support groups, dispensaries, individuals and other entities. This use primarily involves the growing of marijuana plants but in some cases, these facilities may also include ancillary uses and support services.

Medical Cannabis Delivery Product. This is any object that used for the consumption of any form of medical cannabis, for example a smoking pipe, water pipe, vaporizer, etc.

Medical Cannabis Network Member Distribution Center. This is a commercial use located entirely within a structure where safe, secure access to medical cannabis is provided for private, off-site use. The distribution of medical cannabis shall be available for documented qualified patients per RCW 69.51A. This use, which allows for the distribution medical cannabis products, includes collectives, cooperatives, support groups, and dispensaries that function as distribution centers. In some cases, these facilities may also include ancillary uses and support services.

Microbrewery/winery. An establishment primarily engaged in the production and distribution of beer, ale, or other malt beverages, or wine, and which may include accessory uses such as tours of the microbrewery/winery, retail sales, and/or on-site consumption, e.g., “taproom.” This classification allows a microbrewery to sell beer/wine at retail and/or act as wholesaler for beer/wine of its own production for off-site consumption with appropriate state licenses.

\* \* \*

### 13.06.565 Medical cannabis

A. Intent. It is found that medical cannabis facilities and associated uses fulfill an important need to persons residing in the community that have acute medical needs. It is the intent of this chapter to discourage black-market sourcing of medical cannabis where persons face legal risks, unreliable quality of product and compromised personal safety. Further, it is the intent of this chapter to consider the safe and adequate access to medical cannabis outside of residential districts for qualified patients, but also to protect public health, safety and general welfare.

Washington voters passed Initiative 692, the Medical Use of Marijuana Act, November 1998. This law allows patients, who meet certain criteria, to use cannabis for medical reasons. In 2007, the Washington State Legislature passed Engrossed Substitute Senate Bill (ESSB) 6032 that amended RCW 69.51A, which deals with medical cannabis. This bill expanded the ability of a patient to receive assistance from a designated provider in the medical use of cannabis. In 2011, the Washington State Legislature again amended RCW 69.51A by passing Engrossed Second Substitute Senate Bill (E2SSB) 5073, which aimed to clarify the law for medical cannabis and make its use less impaired by allowing qualified patients and/or their designated provider to utilize medical cannabis or participate in a “collective garden” without fear of state law criminal prosecutions. The new state laws dealing with medical cannabis ultimately direct local jurisdictions to consider qualified patient’s access to an adequate, safe, consistent, and secure source of medical cannabis.

The City supports the voter approved right for those with certain terminal or debilitating chronic conditions to obtain medical cannabis for personal use by the implementation of the provisions of this chapter which seek to protect qualifying patient’s safe and legal access to medical cannabis outside of residential districts. However, the public interest dictates that they shall be subject to special regulations. The intent of these regulations is to reduce conflict between incompatible uses, promote the public health, safety, and general welfare.

#### B. Scope.

Pursuant to RCW 69.51A dealing with medical cannabis, qualified patients are enabled, and may chose to engage in home cultivation and processing of their own medical cannabis product for self medicating. For some qualified patients, home cultivation can provide an adequate, safe, consistent, and secure source of medical marijuana. It also gives them some control over their supply quality. One-on-one partnerships might benefit some patients by providing access to a more adequate, consistent, and safer source. Expenses and expertise could be shared among two individuals. A larger supply might also allow for the creation of reserves, helping patients endure fluctuations in crop yield. Although, these functions are subject to any and all applicable regulations in the Tacoma Municipal Code (TMC), it is not the intent to regulate them under this chapter and the location and development standard below shall not apply.

Home cultivation, either by oneself or via a one-on-one partnership is not feasible for all patients because many are unable or unwilling to grow their own supply. Reasons include concerns about arrest and prosecution, break-ins, costs of starting and maintaining a garden, physical limitations, and concerns about housing and children. Group growing arrangements outside of residential districts may alleviate these issues for some patients but larger grow sites may be harder to secure, manage, maintain and could be targets for criminal activity.

C. Applicability. Medical cannabis network member distribution centers and medical cannabis collective gardens, or any other arrangement, that include three (3) or more individuals in its operation are viewed to be either a commercial and/or industrial use and the additional standards below shall apply. The commercial use, “Medical Cannabis Network Member Distribution Center”, is listed in the Land Use Tables and includes collectives, cooperatives, support groups, dispensaries and other similar facilities that are involved in the distribution of a finished medical cannabis product for qualified patients. The industrial use, “Medical Cannabis Collective Gardens”, is listed in the Land Use Tables and for the growing and cultivation of cannabis plants. A collective garden, for example, may perform cultivation, processing, fabrication, assembly, treatment, testing, infusion, and packaging of medical cannabis in preparation for its distribution or consumption.

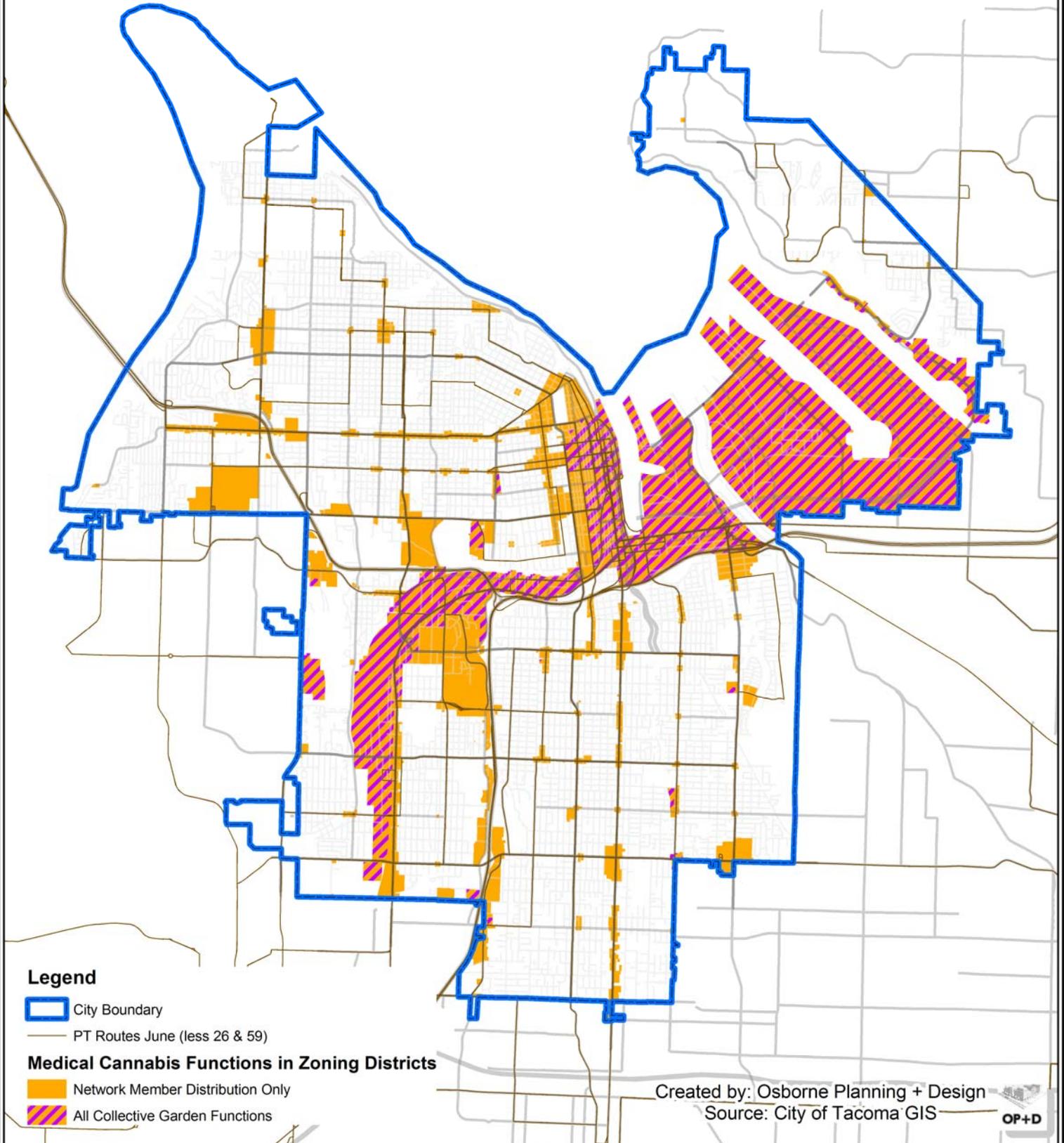
D. Definitions. See 13.06.700 for Definitions of “Medical Cannabis Collective Garden”, “Medical Cannabis Delivery Product”, and “Medical Cannabis Network Member Distribution Center”.

#### E. Location and development standards.

1. No medical cannabis use shall be established or permitted without the authorization and consent of the property owner.
  2. Any medical cannabis use may not locate or be conducted closer than the distance noted below to any of the following, whether in or out of the City:
    - a. Within 1,000 feet of any public or private elementary or secondary school;
    - b. Within 1,000 feet of any daycare or preschool;
    - c. Within 1,000 feet of any religious facility.
  3. The separation required between uses described above in sections E.1.a through E.1.c shall be measured from the nearest edge or corner of the property of each use.
  4. Size for medical cannabis network member distribution center facilities shall be no greater than 2,000 square feet, and no less than 500 square feet if offering only distribution of medical cannabis to patients.
  5. Size for medical cannabis network member distribution center facilities shall be no greater than 3,000 square feet, within which up to 1,500 square feet can be used for distribution, if in addition to distributing medical cannabis other services (i.e. educational classes, health services), are provided. Up to 150 square feet of the distribution center space may be devoted to sale of medical cannabis delivery products.
  6. Size for medical cannabis collective garden facilities is limited to a maximum network of six collective gardens, as defined by the state, where ten individual collective member may combine to support one collective garden and the number of collective gardens on any given parcel of land shall not increase until the existing collective garden(s) have the full allotment of ten individuals.
  7. No variance shall be permitted for any of the above distance or separation requirements.
  8. Medical cannabis uses are subject to any and all required pre-approvals and licensing requirements.
- F. Signage Requirements. Applications for signage associated with medical cannabis network member distribution centers and medical cannabis collective gardens shall meet all applicable sign regulations contained within TMC, Section 13.06.520, 521 and 522.
- G. Nothing in the provisions above nor any other provisions in the TMC shall be construed to supersede state law prohibiting acquisition, possession, manufacture sale or use of cannabis for non-medical purposes.

# Medical Cannabis Land Use Regulations Planning Commission Recommendation: Zoning Areas for Medical Cannabis Functions

This drawing is neither a legally recorded map nor a survey and is not intended to be used as one. It is to be used for reference purposes only.





## **EXHIBIT C-1 through C-5**

### **Proposed Medical Cannabis Land Use Regulatory Amendment Public Comment:**

- C-1, Written comment letter received May 3, 2012, from Mr. Robert Hill.
- C-2, Written comment letter received May 16, 2012, from Medical Cannabis Task Force.
- C-3, Written comment letter received May 18, 2012, from Tacoma Medical Collective.
- C-4, Written email comment received May 18, 2012, from Cannatonics Society.
- C-5, Written comment letter from Brad Harp of the Tacoma-Pierce County Health Department received May 25, 2012, under the opportunity to comment under SEPA notification.

Comments are attached and included herein.

Name Hill  
Bkg. # 2011-314-058  
Pierce County Sheriff's Department  
910 Tacoma Avenue South  
Tacoma, WA 98402-2168

TACOMA WA 98402  
OLYMPIA WA  
04 MAY 2012 PM 1:14

Exhibit C-1



RECEIVED  
MAY 07 2012  
Per \_\_\_\_\_

Planning Commission — Room 1046  
CITY HALL  
747 Market ST  
TACOMA WA 98402

98402+3701



THURSDAY,  
May Third, A.D. 2012

FROM → The Hon. Mr. Robert Hill  
1/0 910 Tac. Ave. South  
Tacoma 98402, 2168

TO → Planning Commission

I want a copy of the proposed

CANNABIS

legislation.

As the author of Initiative 1 (of 2011),  
I am concerned about overblown treatment  
of Cannabis products.

# Medical Cannabis Task Force

Exhibit C-2

May 16<sup>th</sup>

Planning Commission  
747 Market Street – 10<sup>th</sup> Floor  
Tacoma, WA 98402:

Planning Commission:

On behalf of the Medical Cannabis Task Force, after group evaluation of the options presented, we would like to enter for the record our support of **Alternative A** as described below. That recommendation that most closely aligns with the Medical Cannabis Task Force policy recommendations to City Council, which were developed after extended study of ordinances enacted in other cities. A good deal of stakeholder input went into the Task Forces' deliberations as well.

## **Alternative A (MCTF Recommendations) –**

- Allows for industrial medical cannabis use such as cultivation and processing in the following zoning districts: M-1, M-2, PMI, CIX, UCX-TD and in Downtown where industrial uses are allowed.
- Allows for commercial medical cannabis uses such as distribution in the following zoning districts: M-1, M-2, PMI, C-1, C-2, HM, PDB, NCX, CCX, UCX, UCX-TD, CIX, HMX and in Downtown.
- Sensitive use buffers for schools, daycares and religious facilities: 1,000 ft.
- Allows for up to six (6) "collective gardens" (industrial use) on a given site where allowed by zoning.
- Allows for 500-3,000 square foot distribution facilities (commercial use) where allowed by zoning.
- Alternative A includes specific review and submittal criteria to be placed into the land use code. These criteria include site plan, floor plan and security plan specification and regulation.

We appreciate the opportunity to provide feedback to you on this very important topic. We look forward to the adoption of clear and cogent regulations that offer Tacoma residents safe access to Medical Cannabis once the Moratorium expires on August 1, 2012, consistent with the policy determinations made by the City Council which lead to the formation of the Task Force.

Thank you for your consideration,

Respectfully,

Stan Rumbaugh, Co-Chair  
Medical Cannabis Task Force

cc: Mayor Marilyn Strickland, Public Safety Chair and Councilmember Victoria Woodards,  
Ian Munce, Carol Wolfe

May 18, 2012.

We think that option B would be a better  
choice in regards to the medical Cannabis  
locations, we have not thoroughly looked over  
this option because of the time constraint to  
get in ~~our~~ a better reply. But  
map B gives a better chance and a wide  
range of different locations to choose  
from.

Thank you

Tacoma Med. Collective  
727 Commerce St #210  
Tacoma, WA 98402  
253-830-3009  
www.Tacomamed.org

RECEIVED  
MAY 18 2012  
Per \_\_\_\_\_

RECEIVED  
MAY 18 2012  
The Mayor/Council Office

**From:** Cannatonics Society [cannatonics@gmail.com]  
**Sent:** Friday, May 18, 2012 4:47 PM  
**To:** lshadduc@cityoftacoma.org  
**Subject:** Public Comment- Medical Cannabis Land Use - Anything but Alt C

Hello Lucas.

I would like this email recorded into public comment concerning the public hearing on Medical Cannabis Land Use, May 9, 2012.

As the managing director of a non-profit collective garden within the city limits of Tacoma I have been following the progress of the ordinance closely.

I have applauded the mayor and all staff involved throughout this process.

I have hesitated to comment in the past because I felt this process the mayor set up was proper and necessary to receive acceptance from all.

I was relaxed and felt everything would work out - until I attended the public hearing and heard chairman Erickson's comments at the public meeting.

Public comment was opened and closed quickly. No problem because we were all comfortable until Commissioner Chair Erickson started chattering about Alternative C.

He gave his opinion on his interpretation of the law and referring to our existing patient access points and dispensaries. Dispensaries no longer exist after the passage of ESSB5073.

Stating that there is no reason for these 'dispensaries' because they can just deliver the medicine to their patients. If they go to the Port and Valley, it would be so much easier for everyone. And so on, seemingly trying to convince the other commissioners to see his way on Alternative C. Then I sat up - very concerned.

First, Alternative C is basically going to banish safe and accessible access for patients in Tacoma and the county to get their medicine. And you are assuming we will be able to lease warehouses in the valley and the port. Not going to happen - Obtaining a lease for our garden access points is nearly impossible, and when we do get one, most of us get as long of a lease as possible.

Second, Over half of The Port of Tacoma is in federally protected Homeland security areas. so that is out. Most of the air in industrial zones is very poor and unhealthy.

Lastly, What is so bad with the model we have created ourselves now. I don't hear about our cannabis community involved in crime. We are not being robbed. Children are not getting access to cannabis. Please leave us alone.

This is a very successful grassroots effort to provide safe, clean tested medicine to patients who need it.

Please, We can live with Alternative A or B - but not C. Keep the politics out and let the proven science in.

Thank You.  
Peter C.



www.tpchd.org

May 24, 2012

Lucas Shadduck  
Community and Economic Development Department  
747 Market Street, Room 1036  
Tacoma, WA 98402

Re: SEPA #SEP2012-40000180550  
Medical Cannabis Land Use Code Update

Dear Mr. Shadduck:

Thank you for the opportunity to comment on the above noted Code Update. Our agency would like to remind the city that through your update process the existing Smoking in Public Places laws should be considered.

The Smoking in Public Places law is not limited to just tobacco, but applies to all smoking materials. Please keep in mind that the restrictions on smoking indoors and within 25 feet of doors/windows of public places apply, and should be explicitly noted in the code.

If you have any questions regarding the application of the Smoking Public Places law for this code update, please contact John Sherman of our agency at (253) 798-6528.

Sincerely,

Brad D. Harp, EHL  
Environmental Health Division

Exhibit C-5

*Governed by a local Board of Health*