TO: Planning Commission
FROM: Lucas Shadduck, Planner, Long-Range Planning Division
SUBJECT: Medical Cannabis Land Use Regulations
DATE: May 31, 2012

The Planning Commission conducted a public hearing on May 16, 2012, concerning the three alternative schemes (i.e., Alternatives A, B and C) of the proposed Medical Cannabis Land Use Regulations. No testimony was received at the public hearing; however, 5 letters of comments were received by the end of the comment period on May 18, 2012.

At the next meeting on June 6, 2012, the Planning Commission will review public comments received; deliberate modifications, as appropriate, to the proposed regulations in response to the public comments; and make a recommendation to the City Council. The City Council is expected to review the Commission’s recommendation and take appropriate actions by the end of July, prior to the expiration of the Medical Cannabis Moratorium on August 1, 2012.

Attached, to facilitate the Commission’s review and decision-making, are the draft Letter of Recommendation and the draft Findings and Recommendations Report, which will be finalized according to the Commission’s decision and forwarded to the City Council for consideration.

If you have any questions, please contact me at 594-7975 or lshadduc@cityoftacoma.org.

c. Peter Huffman, Assistant Director

Attachments (2)
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, 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 has 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.

Upon further review and deliberation, including conducting a public hearing on May 16, 2012, the Planning Commission has concluded that Alternative __, 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 acknowledges the complexity of the issues associated with the medical cannabis, and understands that land use regulations are only one component of the complete regulatory scheme to address the issues and affectively mitigate potential impacts to the community. The proposed amendment offered by the Planning Commission is designed to complement other future Regulatory Code amendments going forward. The Planning Commission believes the proposed amendment supports the City’s strategic goals for a safe, clean, attractive, and environmentally sustainable city and foster economic diversity. It is with that understanding and intent that we respectfully request the City Council adopt the proposed Medical Cannabis Land Use Regulatory Code Amendment as recommended by the Planning Commission.

Sincerely,

DONALD K. ERICKSON
Chair
Enclosure
MEDICAL CANNABIS
LAND USE REGULATORY CODE AMENDMENT

TACOMA PLANNING COMMISSION
FINDINGS AND RECOMMENDATIONS
JUNE 6, 2012

A. SUBJECT:

Proposed amendment to the Land Use Regulatory Code for Medical Cannabis.

B. SUMMARY OF PROPOSED AMENDMENT:

This amendment considers how to regulate the land use impacts of medical cannabis “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 consideration of adopting licensing requirements associated with performance of medical cannabis operations is 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 restrictions for medical cannabis facilities based on where similar types of uses are currently permitted (i.e. allowing for medical cannabis distribution in areas where retail uses are allowed);
- Identifying sensitive uses associated with school-aged children;
- Considering separation distances (buffers) between proposed and existing locations of medical cannabis operations 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 limit its review of medical cannabis to zoning regulations and land use impacts.

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 dispensaries within the jurisdiction. If the jurisdiction has no commercial zones, the jurisdiction is not required to adopt zoning to accommodate licensed dispensaries.”

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 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 by the Planning Commission 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 land use code, proposed Alternative “B” does not include size requirements for medical cannabis facilities.

16. Alternative “B” represents the least restrictive alternative.

17. Alternative “C” includes a unified use, “collective garden”, which includes production (cultivation and processing) and may only be located in industrial zoning districts (M-1 Light Industrial District, M-2 Heavy Industrial District, and PMI Port Maritime Industrial District). Distribution-centric operations would be 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 include schools, daycares, parks and greenbelts, churches, community centers and other sensitive uses.

18. Alternative “C” represents 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.
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;
- 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.

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.

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. (Staff Response: The proposed land use code amendment will primarily consist of zoning and development provisions for medical cannabis facilities and does not address potential abuse of patient/provider rights or “overblown” treatment of medical cannabis use.)

• 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. (Staff Response: The Medical Cannabis Task Force has presented to Planning Commission land use considerations it has developed during its meetings. Staff understands that Alternative “A” includes many elements that represents an intersect between Planning Commission and Medical Cannabis Task Force recommendation, and as a result, the Medical Cannabis Task Force is in support of this alternative.)

• Written comment letter received May 18, 2012, from Tacoma Medical Collective (see Exhibit “C-3”), expressed general support of Alternative “B”. (Staff Response: It is understood that medical cannabis patients and providers may prefer Alternative “B”, which represents the least restrictive alternative because it includes fewer buffering requirements and size restrictions on facilities. This alternative may allow for the most opportunity for providers to locate within the city and consequently, may provide qualified patients with the best access to their medical cannabis.)

• Written email comment received May 18, 2012, from Cannatonics Society (see Exhibit “C-4”), expressed general support of either Alternative “A” or “B” and expressed opposition against Alternative “C”, claiming Alternative “C” to be far too restrictive. (Staff Response: It is understood that medical cannabis patients and providers may not prefer Alternative “C”, which represents the most restrictive alternative because it includes more buffering requirements and prohibits medical cannabis facilities anywhere outside of industrial zoning districts.)

• 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 noted during future code updates. (Staff Response: This proposed code amendment includes provisions for compliance with all applicable local and state regulation.)

E. CONCLUSIONS:

1. Concerning the proposed Medical Cannabis Land Use Regulatory Code Amendment, the Planning Commission concludes that:
(a) The City should restrict non-residential medical cannabis collective gardens to:

   i. (Alternative “A”) the commercial, mixed-use, downtown and industrial zoning districts that
      
      a. permit light industrial uses (for cultivation and/or processing of cannabis for medical use), as in the M-1 Light Industrial District, M-2 Heavy Industrial District, PMI Port Maritime Industrial District, DCC Downtown Commercial Core District, DMU Downtown Mixed-Use District, and WR Warehouse Residential District zones; and
      
      b. permit retail uses (for distribution of cannabis for medical use, similar to restaurants, pharmacies and liquor stores), as 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;
      
      c. include a 1,000 ft. sensitive use buffer applied to schools, daycares and religious facilities;
      
      d. include limits on size of distribution uses 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;
      
      e. where all functions of up to six collective gardens could operate, where permitted, on a single site;

   -or-

   ii. (Alternative “B”) the commercial, mixed-use, downtown and industrial zoning districts that
      
      a. permit light industrial uses (for cultivation and/or processing of cannabis for medical use), as in the M-1 Light Industrial District, M-2 Heavy Industrial District, PMI Port Maritime Industrial District, DCC Downtown Commercial Core District, DMU Downtown Mixed-Use District, and WR Warehouse Residential District zones; and
      
      b. permit retail uses (for distribution of cannabis for medical use, similar to pharmacies and liquor stores), as 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;
      
      c. include a 1,000 ft. sensitive use buffer applied to schools and other medical cannabis production facilities and 500 ft. sensitive use buffer applied to medical cannabis distribution facilities.
iii. (Alternative “C”) the industrial zoning districts of the City (M-1 Light Industrial District, M-2 Heavy Industrial District, and PMI Port Maritime Industrial District),
   a. separated from sensitive uses associated with school-aged children including schools, daycares, parks, churches, community centers and other medical cannabis uses by a distance no less than 1,000 ft.;
   b. where up to six collective gardens, where permitted, could operate on a single site;
   c. where collective gardens may distribute only as an ancillary use and solely among the members of the collective garden under a patient/provider relationship. Distribution-centric operations are prohibited.

2. 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.

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”.

F. EXHIBITS:
   “A” - Proposed Land Use Regulatory Code Amendments
   “B” - Map of the areas affected by the proposed changes
   “C-1” through “C-5” - Comment Letters
ALTERNATIVE A: MEDICAL CANNABIS TASK FORCE 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 and text that is deleted is shown in strikethrough.

13.06.100 Residential Districts.

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### 13.06.200 Commercial Districts.

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## 13.06.300 Mixed-Use Center Districts.

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<td>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.</td>
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13.06.400 Industrial Districts.

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¹See definition for “Medical Cannabis Collective Garden”.
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.
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.

13.10 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.

Medical Cannabis Land Use Regulations
Draft Findings and Recommendations Report – Exhibit A (Alternative “A”)
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 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, dispensaries that function as distribution centers. 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.

**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 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 aimed to clarify the law for medical cannabis and make it less impaired by alleviating the possibility that qualified patients could face state criminal prosecution. 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.

Currently RCW 69.51A, dealing with medical cannabis, defines the term “collective garden” which may be involved in a number of functions and uses but is restricted in the following ways:

1. No more than ten qualifying patients may participate in a single collective garden at any time;
2. A collective garden may contain no more than fifteen plants per patient up to a total of forty-five plants;
3. A collective garden may contain no more than twenty-four ounces of useable cannabis per patient up to a total of seventy-two ounces of useable cannabis;
4. A copy of each qualifying patient's valid documentation or proof of registration with the registry established in *section 901 of this act, including a copy of the patient's proof of identity, must be available at all times on the premises of the collective garden; and
5. No useable cannabis from the collective garden is delivered to anyone other than one of the qualifying patients participating in the collective garden

Under this definition qualified patients are enabled by state law 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 Network Member Distribution Center” and “Medical Cannabis Collective Garden”.

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 church.

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 marijuana 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. The maximum hours of operation shall be daily from 9:00 a.m. to 7:00 p.m.

8. No variance shall be permitted for any of the above distance or separation requirements.

9. Medical cannabis uses are subject to any and all required pre-approvals and licensing requirements.

F. Submittal Requirements. Applicants for medical cannabis network member distribution centers and medical cannabis collective gardens shall submit a detailed plan for review by Building and Land Use Services Division that include the following:

a. Floor Plan: facilities that include distribution shall have a lobby waiting area at the entrance to receive persons for verification of their membership to the network, or to determine whether the person meets the criteria of a valid qualified patient or primary care giver. This verification process shall take place in an area segregated from the remaining portion(s) of the facility. There shall also be a separate and secure area designated for distribution transactions to occur. The main entrance of facilities that provide distribution shall be located and maintained clear of barriers, landscaping, and similar obstructions such that it is clearly visible from public streets or sidewalks. The floor plan must include a lighting plan, security plan and location of appropriate signage;

b. Security Plans: All cannabis facilities shall comply with a security plan that shall include but is not limited to calling out building security specifications, lighting, alarms, and video recording systems. The provision of security surveillance cameras and a video recording system shall be required to monitor the interior, main entrance, and exterior of the facility so as to discourage loitering, crime, and illegal or nuisance activities. The camera and video recording system shall be of adequate quality, color rendition, and resolution to allow the identification of any individual present in the facility or the immediate exterior area of the facility. Video and/or digital recording from security surveillance cameras shall be maintained for a period of not less than 30 days and shall be made available to the city or any accredited law enforcement organization upon request. The facility shall have a professional and centrally monitored fire, robbery and burglar alarm that are maintained in good working condition;

c. Storage: A facility that includes distribution shall have adequate locked storage on the property, identified and approved as part of the security plan and/or floor plan. Medical cannabis shall be stored in secured rooms that are completely enclosed, or in a safe that is bolted to the floor.

d. Visibility: All cannabis facilities shall not allow or permit neither medical cannabis nor medical cannabis delivery products to be visible from the building exterior.
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.
### 13.06.100 Residential Districts.

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### 13.06.200 Commercial Districts.

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² Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Distribution”.
³ Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Production”.

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13.06.300 Mixed-Use Center Districts.

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| Medical Cannabis Distribution                          | P*  | P*  | P*  | N      | P*  | P*  | N  | N   | N   | *Subject to additional requirements contained in Section 13.06.565.  
See definition for “Medical Cannabis Distribution”. |
| Medical Cannabis Production                            | N   | N   | N   | P*     | N   | P*  | N  | N   | N   | *Subject to additional requirements contained in Section 13.06.565.  
See definition for “Medical Cannabis Production”. |
| 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. |

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\(^3\) See definition for “Medical Cannabis Distribution”.

\(^4\) See definition for “Medical Cannabis Production”.

\(^5\) See definition for “Microbrewery/ winery”. 

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Medical Cannabis Land Use Regulations
Draft Findings and Recommendations Report – Exhibit A (Alternative “B”)
**13.06.400 Industrial Districts.**

**USES** | **M-1** | **M-2** | **PMI** | **ADDITIONAL REGULATIONS**
--- | --- | --- | --- | ---
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.

**Medical Cannabis Distribution** | P* | P* | P* | *Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Distribution”.

**Medical Cannabis Production** | P* | P* | P* | *Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Production”.

**Microbrewery/winery** | P | P | P

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13.06A Downtown Tacoma

** 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.
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 distribution and medical cannabis production uses, where allowed in Downtown Districts, are subject to the provisions of Section 13.06.565.

**

13.10 Shoreline Management

**

13.10.035 Prohibited uses in all shoreline districts.

A. The following uses are prohibited in all shoreline districts unless: medical cannabis distribution and medical cannabis production.

**
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 Distribution. 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 of medical cannabis products, includes collectives, cooperatives, support groups, dispensaries and other similar facilities that involve, in any way, three (3) or more individuals. These facilities may also include ancillary uses and support services.

Medical Cannabis Production. This is an industrial use located entirely within a structure where safe, secure cultivation and processing of cannabis for medical use is provided 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, in any way, three (3) or more individuals. This use may include the involvement of collectives, cooperatives, support groups, dispensaries, individuals and other entities. 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 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 aimed to clarify the law for medical cannabis and make it less impaired by alleviating the possibility that qualified patients could face state criminal prosecution. 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.

Currently RCW 69.51A, dealing with medical cannabis, defines the term “collective garden” which may be involved in a number of functions and uses but is restricted in the following ways:

1. No more than ten qualifying patients may participate in a single collective garden at any time;
2. A collective garden may contain no more than fifteen plants per patient up to a total of forty-five plants;
3. A collective garden may contain no more than twenty-four ounces of useable cannabis per patient up to a total of seventy-two ounces of useable cannabis;
4. A copy of each qualifying patient's valid documentation or proof of registration with the registry established in *section 901 of this act, including a copy of the patient's proof of identity, must be available at all times on the premises of the collective garden; and
5. No useable cannabis from the collective garden is delivered to anyone other than one of the qualifying patients participating in the collective garden

Under this definition qualified patients are enabled by state law 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 facilities that involve a collective garden, 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 Distribution”, 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 Production”, is listed in the Land Use Tables and involves the cultivation of cannabis plants and processing of cannabis into a medical product. A medical cannabis production facility, 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 Distribution” and “Medical Cannabis Production”.

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 500 feet of any other medical cannabis uses.

3. The separation required between uses described above in sections E.1.a and E.1.b shall be measured from the nearest edge or corner of the property of each use.

4. No variance shall be permitted for any of the above distance or separation requirements.

5. Medical cannabis uses are subject to any and all required pre-approvals and licensing requirements.

F. Nothing in the provisions above nor any other provisions in the Tacoma Municipal Code shall be construed to supersede state law prohibiting acquisition, possession, manufacture sale or use of cannabis for non-medical purposes.
**ALTERNATIVE C: SINGLE COLLECTIVE GARDENS**

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 and text that is deleted is shown in strikethrough.

### 13.06.100 Residential Districts.

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13.06.200 Commercial Districts.

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[^1]: See definition for “Medical Cannabis Collective Garden”.
[^2]: (Also see footnotes at bottom of table.)
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<td>Medical Cannabis Collective Garden</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>See definition for “Medical Cannabis Collective Garden”.</td>
</tr>
<tr>
<td>Microbrewery/winery</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>P</td>
<td>N</td>
<td>P</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>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.</td>
</tr>
</tbody>
</table>

* * *
13.06.400  Industrial Districts.

* * *

<table>
<thead>
<tr>
<th>USES</th>
<th>M-1</th>
<th>M-2</th>
<th>PMI</th>
<th>ADDITIONAL REGULATIONS¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master plan for any conditional use</td>
<td>CU</td>
<td>CU</td>
<td>CU</td>
<td>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.</td>
</tr>
<tr>
<td>Medical Cannabis Collective Garden</td>
<td>P*</td>
<td>P*</td>
<td>P*</td>
<td>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Collective Garden”</td>
</tr>
<tr>
<td>Microbrewery/winery</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>* * *</td>
</tr>
</tbody>
</table>

¹Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Collective Garden”
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.
   5. Billboards.
   6. Medical cannabis collective garden.
C. Special needs housing shall be allowed in all downtown districts in accordance with the provisions of Section 13.06.535.

13.10.  Shoreline Management

13.10.035  Prohibited uses in all shoreline districts.
A. The following use(s) are prohibited in all shoreline districts: 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 a use located entirely within a structure where medical cannabis may be cultivated, processed and distributed only as an ancillary use and solely among the members of the collective garden under a patient/provider relationship. Distribution-centric operations are prohibited. Up to ten individuals may form a medical cannabis collective garden and shall be qualified patients per RCW 69.51A. A medical cannabis collective garden, as defined by the state, shall be considered an industrial use, as defined by Tacoma Municipal Code, when it includes three (3) or more members and includes functions such as, but not limited to, cultivation, processing, fabrication, assembly, treatment, testing, infusion, and packaging of medical cannabis in preparation for its distribution or consumption. A medical cannabis collective garden may involve a maximum network of six (6) collective gardens located on any given parcel of land.

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 collective gardens 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 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 aimed to clarify the law for medical cannabis and make it less impaired by alleviating the possibility that qualified patients could face state criminal prosecution. 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.

Currently RCW 69.51A, dealing with medical cannabis, defines the term “collective garden” which may be involved in a number of functions and uses but is restricted in the following ways:

1. No more than ten qualifying patients may participate in a single collective garden at any time;
2. A collective garden may contain no more than fifteen plants per patient up to a total of forty-five plants;
3. A collective garden may contain no more than twenty-four ounces of useable cannabis per patient up to a total of seventy-two ounces of useable cannabis;
4. A copy of each qualifying patient's valid documentation or proof of registration with the registry established in *section 901 of this act, including a copy of the patient's proof of identity, must be available at all times on the premises of the collective garden; and
5. No useable cannabis from the collective garden is delivered to anyone other than one of the qualifying patients participating in the collective garden

Under this definition qualified patients are enabled by state law 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 collective gardens that are considered an industrial use, as defined by TMC, because they include three (3) or more members and include functions such as, but not limited to, cultivation, processing, fabrication, assembly, treatment, testing, infusion, and packaging of medical cannabis in preparation for its distribution or consumption shall comply with the additional standards listed below.

D. Definitions. See 13.06.700 for Definition of “Medical Cannabis Collective Garden”.

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 daycares or preschools;
   c. Within 1,000 feet of any public or private community centers;
   d. Within 1,000 feet of any parks or greenbelts;
   e. Within 1,000 feet of any church;
   f. Within 1,000 feet of any public assembly;
   g. Within 1,000 feet of another collective garden.

3. The separation required between uses described above in sections E.1.a through E.1.f shall be measured from the nearest edge or corner of the property of each use.

4. Co-location of medical cannabis collective gardens with other uses is prohibited.

5. No variance shall be permitted for any of the above distance or separation requirements.

6. Medical cannabis collective gardens are subject to any and all required pre-approvals and licensing requirements.

F. 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
Alternative A: Estimation of Eligible Parcels & Buildings with Buffering from Schools, Daycares, Religious Parcels at 1,000 ft.

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.

Legend
- City Boundary
- PT Routes June (less 26 & 59)
- Alternative A: Buildings
- Alternative A: Parcels

Created by: Osborne Planning + Design
Source: City of Tacoma GIS

Plot Date: 4/25/2012 File Name: gis projeto Medical Map 04/18/12.mxd Created By: Community & Economic Development Department | Osborne Planning + Design
Medical Cannabis Land Use Regulations
Alternative B: Estimation of Eligible Parcels & Buildings with Buffering from Schools at 1,000 ft.

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.

Legend
- City Boundary
- PT Routes June (less 26 & 59)
- Alternative B: Buildings
- Alternative B: Parcels

Created by: Osborne Planning + Design
Source: City of Tacoma GIS

Created By: Community & Economic Development Department • Osborne Planning + Design
Medical Cannabis Land Use Regulations
Alternative C: Estimated Parcels & Buildings with All Sensitive Uses
(Parcel Use Codes 6800 to 7630) Buffered at 1,000 ft.

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.
From: Mr. Robert Hill
To: Planning Commission

I want a copy of the proposed Cannabis

legislation.

As the author of Initiative 71 (of 2011), I am concerned about overblown treatment of cannabis providers.
May 16th

Planning Commission
747 Market Street – 10th 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 Munroe, Carol Wolfe
May 18, 2012

We think that option B would be a better chance with regards to the medical cannabis locations. We have not thoroughly looked over this option because of the time constraint to get in answer a better reply. But map B gives a better chance and a wide range of 6 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_______
Hello Lucas.
I would like this email recoreded 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 neccessary to recieve 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 these 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 we be able to lease warehouses in the valley and the port. Not going to happen - Obtaining a lease for our garden access points in 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 dont 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 sucessful grassrooted 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.
Pete C.
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