



City of San Diego
Development Services
(619) 446-5000

**Affidavit for Cannabis Outlet or
Cannabis Production Facility for
Conditional Use Permit (CUP)**

**FORM
DS-190**

March 2020

The purpose of this affidavit is for the property owner, authorized agent, or business owner of the Cannabis Outlet (Outlet) and Cannabis Production Facility (Facility) to affirm that all uses within 1,000 feet from the subject property line have been identified, including residential zones within 100 feet, as defined in San Diego Municipal Code (SDMC), Sections [113.0103](#), [141.0504](#), and [141.1004](#).

The proposed Outlet and Facility location must be 100 feet from any residential zone and not within 1,000 feet of the property line of the following:

- | | |
|--|---|
| 1. Resource and population-based city park | 6. Minor-oriented facility |
| 2. Church | 7. Residential Care Facility |
| 3. Child care center | 8. Schools |
| 4. Playground | 9. Other Cannabis Outlets |
| 5. City library | (applicable to Outlet CUP applications only). |

GENERAL INFORMATION

Project Name:	Project No.: <i>For City Use Only</i>
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Project Address:

Date Information Verified by Owner or Authorized Agent:

DECLARATION: *The property owner, authorized agent, or business owner of the Outlet and Facility must complete the following section and sign their name where indicated.*

We are aware that the business described above is subject to the Cannabis Outlet or Cannabis Production Facility requirements regulated by SDMC Section [141.0504](#) (Outlet) and Section [141.1004](#) (Facility), and [Chapter 4, Article 2, Division 15](#). We hereby affirm under penalty of perjury that the proposed business location is not within 1,000 feet, measured in accordance with SDMC Section [113.0225](#) of the property line of any resource and population-based city park, church, child care center, playground, library owned and operated by the City of San Diego, minor-oriented facility, residential care facility, and other Cannabis Outlets (applicable to Outlet CUP applications only), or schools; and is 100 feet from any residential zone as identified on the 1000-foot radius map and spreadsheet submitted with the Conditional Use Permit application.

Property Owner or Authorized Agent Name: *Check one* Owner Agent Telephone No.:

Mailing Address: City: State: Zip Code:

Signature: Date:

Business Owner Name: Telephone No.:

Mailing Address: City: State: Zip Code:

Signature: Date: