

## MEDICAL MARIJUANA UPDATE #9



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# PLANNING & ZONING NEWS

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# MEDICAL MARIJUANA NEWS

By Mark A. Wyckoff, FAICP, Editor

The September 2016 issue of *Planning & Zoning News* was devoted to an overview of PA 281, 282, and 283 of 2016, the new laws allowing medical marijuana dispensaries, medibles, large scale medical marijuana growing, processing, testing and delivery operations. Also covered were recent medical marijuana court cases, an overview of federal regulation of marijuana, an overview of regulation of marijuana in the 50 states, and an article summarizing local regulation under the Michigan Medical Marijuana Act from 2009 - 2016. This article briefly reports on recent events and activities underway that may affect local decisions regarding regulation of medical marijuana facilities. Covered are: the results of legalization votes in nine other states; some recent related activities in Michigan including where medical marijuana cardholders are located; some growing challenges for regulating medical marijuana facilities; health and safety considerations; and observations on the posture of the new Trump administration to pot.

## Legalization Votes in Other States

Despite the federal prohibition on the "use, manufacture or cultivation of marijuana," proposals to allow medical marijuana were on the ballot in four states and passed in Florida (71.3% Yes/28.7% No), Montana (57.9%/42.1%), and North Dakota (63.8%/36.2%). The Supreme Court in Arkansas struck the issue from the ballot on the basis of invalid signatures less than two weeks before the election in that state. Initiatives in Oklahoma and Missouri had failed to make the ballot earlier this year. That makes 27 states and the District of Columbia that have legalized medical marijuana (including Michigan) and represents more than half the U.S. population.

States with recreational marijuana ballot measures in November included: Arizona, California, Maine, Massachusetts and Nevada. The measure failed in Arizona (48.7% Yes / 51.3% No). But they passed in California (57.1%/42.9%), Maine (50.2%/49.8%), Massachusetts (53.6%/46.4%) and Nevada (54.5%/45.5%). That makes eight states in which recreational marijuana is legal (the others are Colorado, Washington, Oregon and Alaska, plus it is legal in Washington D.C.). Those eight states and D.C. have a combined population of almost 69 million persons or 21% of the national population. Ballot initiatives to authorize recreational marijuana use in Michigan failed to make it on the ballot due to signatures that were collected over a longer than permissible period of time.

Most of the recreational marijuana ballot measures legalized cannabis for recreational use and provided for licensing of retail dispensaries where sales of the drug would be taxed, similar to the system in Colorado. People aged 21 and older are allowed to possess a certain amount of marijuana, carry it, and usually also grow it in their homes. In some cases large scale growers regulated by the state are also allowed. A similar structure is in place with regard to medical marijuana in many of the states. See the September 2016 issue of *PZN* for more details on various state approaches.

Why is what happens on ballot measures in other states relevant to what is happening on this issue in Michigan? Because as pointed out in September, recent PEW national surveys show 57% public support for legalization of marijuana and an October 19<sup>th</sup> Gallup poll for the first time showed 60% of the public nationally supports legalization of marijuana. Michigan numbers are similar. The Michigan ballot initiative that failed to make the ballot in November had half again as many signatures as needed to make it on the ballot—however, they were not gathered within the narrow time frame required by statute. Based on what has happened in other states, these are indicators that Michigan is likely not far away from a public vote to authorize recreational

marijuana, and may not be more than a couple of years away from legalizing recreational use of marijuana.

The Legislature is aware of these trends and the growing public support for legalization of marijuana. It structured and passed Public Acts 281-283 in a way that addition of recreational marijuana growing, testing, processing, delivery, and dispensing will be easy to add without disrupting the regulatory structure now in place for medical marijuana. What is critical for local governments in Michigan to understand is that each community has a choice on which *if any* of the medical marijuana facility types they want to authorize. Each community needs to decide by December 15, 2017 when the new licensing provisions take effect. However, when making that decision each community needs to be aware that while legally that decision only affects the potential siting of medical marijuana facilities after December 15, 2017, the presence of any of those medical marijuana facilities in the future, could be used to argue in favor of expanding those facilities in size or number to accommodate recreational marijuana in the future. As a result, that possibility should be a part of all local discussions today. In other words, a decision to say "yes" to marijuana facilities today, may lead to a decision to say "yes" to more or expanded facilities tomorrow. A decision to say "no" today, may make it easier to say "no" tomorrow, but it may also limit the opportunity tomorrow, as facilities may have already concentrated elsewhere. These are factors to consider when pondering your choice.

## Michigan Communities

Based on calls and conversations the editor has had with a number of suburban planning directors, well-established operators of dispensaries and growing operations in other states are already calling and stopping in to file applications, even though those jurisdictions have not yet decided what, if any, marijuana facilities they will be authorizing. Extension educators are reporting rural communities are also already being approached. The potential applicants are saying they want to be "first in" so that they can "lock up" the market before others get there and before Michigan voters approve recreational marijuana use, where it must be assumed, the "real money" is since every resident over 21 will be a potential customer and not simply those with a medical marijuana card. It is safe to say that the many existing small dispensary operators in large cities like Detroit and Lansing have the same desires. Detroit has already "weeded out" (no pun intended) many dispensaries with its cap on the total number of dispensaries allowed (a cap is also allowed under PA 281). Other cities like Grand Rapids had few dispensaries to begin with and now have fewer with raids on three in the city and adjoining jurisdictions. A recent article in the *Lansing State Journal* reported that medical marijuana customers from the Grand Rapids area have been flocking to Lansing where there has been little to no law enforcement activity as relates to the approximately 70 dispensaries there. What this suggests is that when Michigan communities decide what types of marijuana facilities to approve and where, the distribution will not be uniform. Some regions will have many small facilities, some will have a few large facilities, and others will have few to none.

But wise marijuana facility operators are making decisions on where to locate not simply based on total population of those over 21 in an area, nor only on where the regulatory climate is "marijuana friendly," but also based on where existing medical marijuana cardholders are. Map 1 shows the distribution by county of medical marijuana cardholders across Michigan in 2014. While there are certainly more cardholders in urban counties, there are a number of counties where the number of cardholders is considerably higher than the statewide average per capita. Table 1 shows the top five rank by county of cardholders. All the rest of

the counties have 1% or fewer. Based on registered card holders, Michigan is considered a major target for sales of cannabis. It has 18.4 patients per 1,000 residents, compared to the average of 8.04 (as of March 2016 according to [http://medicalmarijuana.procon.org/view\\_resource.php?resourceID=005889](http://medicalmarijuana.procon.org/view_resource.php?resourceID=005889)). The only states with a higher ratio are Colorado (19.8), California (19.4), Oregon (19.2) and Washington (19.2) which all allowed medical marijuana before permitting recreational marijuana.

There are also concerns about the state of Michigan doing an improper job of auditing physician certifications for Michigan medical marijuana cards. A report by the State Auditor General released on November 3<sup>rd</sup> revealed "one physician certified 11,810 patients – 14% of the total 81,090 applications for the 2015 fiscal year...22 other physicians certified a combined 46,854 medical marijuana patients, or 56% of the total..." according to Paul Egan of the *Detroit Free Press* on Nov. 4, 2016.

Map 1

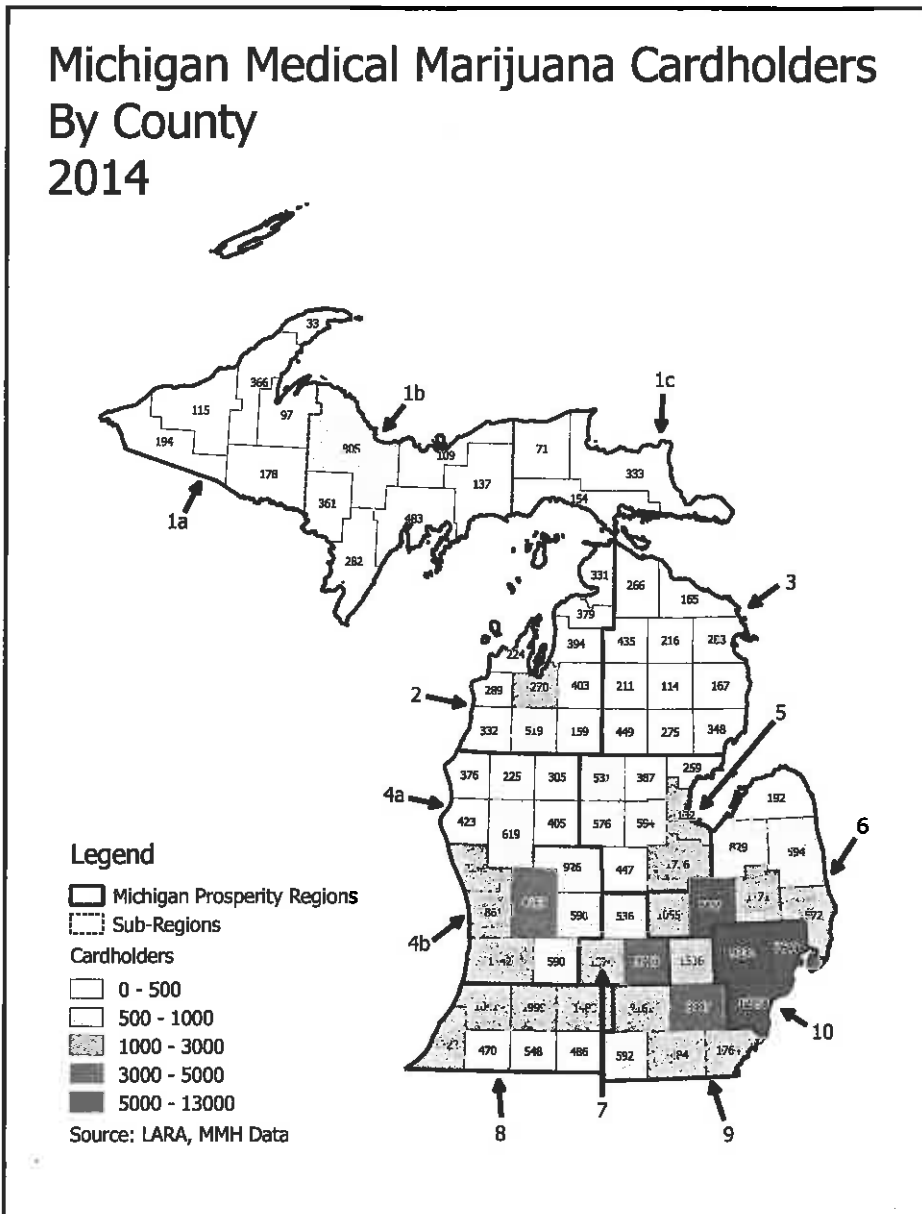


Table 1

Rank of Top Five Counties with Medical Marijuana Cardholders as % of Population

St. Joseph	5%
St. Clair	3%
Kalkaska	2%
Lake	2%
Montmorency	2%

### Challenges for Local Regulation

Municipalities have until December 15, 2017 to take action to put local policy in place to permit the medical marijuana facilities approved under PAs 281-283 of 2016. If the municipality takes no action, none of the facilities are allowed. A municipality that wishes to allow one or more of these facilities must enact an ordinance that specifically authorizes them. Most will probably amend the zoning ordinance and adopt a licensing ordinance.

Many communities will want to take action to go on record with their decision, rather than doing nothing. However, this should be carefully done. Some may want to adopt a provision in the local zoning ordinance that says medical marijuana facilities are not a permitted use. However, this could evoke an exclusionary zoning challenge under Section 207 of the Michigan Zoning Enabling Act, since under PA 281, they are a permitted use (as commercial operations) and the Michigan Supreme Court in *Ter Beek v Wyoming* (Feb. 2014) said that under the Michigan Medical Marijuana Act (MMA) the growing and use of medical marijuana under the requirements of the MMA (in homes) could not be prohibited by local zoning. For that reason it may be better for the governing body that wants to express it is opposed to medical marijuana facilities authorized under PA 281 to simply pass a resolution declaring that medical marijuana facilities are not permitted in the jurisdiction and then to file that resolution with the state. The difference is that the decision is not embodied in an ordinance, it is in a nonregulatory resolution. That should also help prevent the state from inadvertently issuing a license for a medical marijuana facility in that jurisdiction. Once the state has adopted rules for the licensing process, it may become apparent that no action of any kind is needed by a municipality that does not want medical marijuana facilities. This could occur if the state has in place an ironclad system for checking with local governments before licensing medical marijuana facilities. However, local government officials have dozens of stories of adult foster care facilities, day care facilities and used car sales businesses that have received state licenses without first checking with local zoning authorities as the respective laws require. Doing so creates an unnecessary local problem with the applicant/operator caught between an issued state license and a local government that either does not permit that use at all (in the case of the medical marijuana facilities) or not in that location in the case of used car sales.

If at some point, the community decides to permit one or more medical marijuana facilities, then it must decide what zoning districts

to permit them in and what zoning standards apply. Most of the discussions this author has been involved in have focused on a special land use approach. However, it is pretty clear that local zoning and a state license will not be adequate; a local licensing approach will likely also be necessary. Otherwise issues associated with nonconformities under zoning are likely to be a future problem as regulations are updated. This suggests keeping zoning regulations modest and flexible, and leaving the most detailed regulations to the local licensing provisions (under a separate ordinance).

Many attorneys are presently studying the best way to approach these options, and the best practice is likely to emerge over the next couple of months. The Michigan Municipal League will have a session on this at their Legislative Conference in March, and MSU Extension will be offering a statewide training program in 11 locations in late February and early March in an effort to ensure all local governments are aware of the new statutes and their options under them. See also guidelines in: *Marijuana Land Use*, in *APA Zoning Practice*, August 2016, Issue #8.

One emerging regulatory challenge identified by several commentators has to do with medical marijuana grown by existing caregivers (a permitted activity under the MMMA). Andy Balaskovitz wrote the following in the Oct. 17 issue of *Inside Michigan Politics*:

*"And the bills are silent on what caregivers—who will now be forced to decide whether to continue growing for their patients or invest in a commercial grow – should do with excess marijuana that's grown, known as 'overages.' Law enforcement has had concerns with home growing operations since the 2008 ballot initiative passed and continues to seek clarifications in the state law."*

For communities that previously passed regulations requiring caregivers to register with the municipality, this will be an easy check (at least on those that registered). But for most communities, it will be difficult to determine if caregivers are continuing to grow for others without registering under the new licensing provisions of PA 281. If they don't, a black market could easily and quickly be created at prices far below those from a licensed dispensary. The new minimum requirements for a grow operation under PA 281 are large enough though, that few caregivers are expected to have the money to invest in these operations given the large upfront costs to meet licensing requirements.

This author's growing concern has to do with the *dimension of time* related to regulating medical marijuana facilities. PA 281 in section 205 (which addresses local regulation in the most detail), does not address problems that are likely to occur over time. For example, what if a community decides initially to allow certain medical marijuana uses (like dispensaries or a growing operation), and then later changes its mind. If zoning is the only local tool used, then an established facility would be permitted to continue under traditional zoning nonconforming use provisions. However, if there were only local licensing (and no zoning), then theoretically, the community could choose to not renew an annual license and the business would have to close down. Of course that would likely result in a lawsuit, and perhaps even a takings or damage claim against the municipality for (potentially) a large amount of money. If covered by a properly worded local license, there may be no municipal liability for damages, but if not, then what?

What if the action to stop licensing or repeal the ordinance were the result of a citizen referendum or initiative, after a facility were already open and in place. Would that be lawful? Who is responsible for subsequent damages if it passed and a facility had to shut down? What if the state renewed the state license but the municipality did not renew a local license, but the local zoning approval remained in place and there were no zoning violations, just a desire for the municipality to no longer permit those facilities?

These difficult questions are not farfetched. In Pueblo County and the City of Pueblo Colorado, voters in both jurisdictions were presented with ballot measures to prohibit all licensed marijuana

facilities (dispensary, growing, processing, testing and transport) and to prohibit the licensing of more such facilities. A 60 Minutes segment just before the November election showed nearly 40 acre outdoor growing facilities in which millions of dollars had been invested under the terms of valid state and local licenses, and now voters – after the fact – were being given the opportunity to not only say "no more," but that existing facilities would also have to close. Of course the medical marijuana businesses were presumed to be ready to sue for large damages if the ballot measure passed. In addition, local health and law enforcement officials had data that showed teenage drug use was up substantially since approval of the marijuana facilities (Colorado is a recreational marijuana state), but the drug is prohibited from sale to persons under 21 years of age. The outcome: voters in Pueblo County voted 57.6% to 42.3% and in the city 60.9% to 39.0% against passage of the repeal ordinance (so facilities remain).

According to *The Cannabist*, a trade publication, there were substantial economic impacts at stake based on information from the Pueblo County Board of County Commissioners as of the Wednesday before the vote:

*In total there were "154 licensed businesses – 122 retail marijuana cultivations, 32 marijuana product manufacturers and 10 retail stores. Those businesses generated \$2.2 million in tax revenue, contributed \$423,000 in property taxes, employed upward of 1,000 people, and resulted for \$14.6 million in building expenditures...."*

That seems like a lot of marijuana facilities in a single county! It is remarkable that that many marijuana related businesses could be established in just this one county in four years, and how large the economic impact of those businesses already was. Essentially, this became a vote about economic impact as much as a vote about marijuana facilities for any philosophical or drug related reasons. It is unlikely that marijuana businesses could grow that much in any county in Michigan in that short a time, as long as only legal card holding medical marijuana users were the customer base. But if marijuana were ever legalized in Michigan for recreational use, that could be an entirely different story as the market would be at least eight times greater.

Lest you think that the vote in Pueblo County was an anomaly, consider this, fifteen counties in Colorado voted on marijuana measures in November. They included the following issues (note that Michigan municipalities may not enact local sales or excise taxes):

- City of Thornton in Adams County: an additional 5% sales tax on retail and medical marijuana.
- Cities of Sheridan and Englewood in Arapahoe County: 5% excise tax in the former and retail prohibition of all marijuana facilities and 3.5% additional sales tax in the latter.
- Chaffee County: additional 5% excise tax on sale or transfer of unprocessed marijuana.
- Clear Creek County: 5% excise tax on wholesale sales at marijuana facilities.
- Denver City and County: pilot program to designate cannabis consumption areas that had the support of a neighborhood association or business improvement district.
- City of Simla, Elbert County: whether to permit retail marijuana facilities.
- Cities of Silt and Parachute: whether to permit 3.5% and 5% excise taxes on marijuana respectively, and whether to permit retail facilities at all in Parachute.
- Central City, Gilpin County: whether to permit an additional 5% sales tax on retail recreational marijuana and related products.
- City of Palisade, Mesa County: whether to allow any retail growing, processing or sales facilities and if so, whether to tax them at 5%.
- City of Dinosaur, Moffat County: whether to allow any retail facilities, whether to impose an occupational tax of \$5, and whether to impose a 5% sales tax on retail sales.
- Pueblo County: as described above, plus whether a 4.3% additional sales and use tax should be imposed in Pueblo City.

- Routt County: whether a 5% excise tax should be imposed.
- Saguache County: whether a 5% excise tax should be imposed.
- Weld County: whether an excise tax of 5% should be imposed in the City of Nunn, and whether retail marijuana stores should be allowed in the Town of Lochbule.
- City of Yuma, Yuma County: whether an additional 5% sales tax should be imposed on sale of marijuana and related products.

Make no mistake about it, marijuana sales will soon be big business. California is expected to generate \$1 billion in state sales taxes alone (of course there are 40 million people living in California – i.e. there is a huge market.) In the Oct. 12-18 issue of *Lansing City Pulse*, reporter Todd Heywood has an article that shows the value of indoor grown marijuana plants under the thresholds before the new law (i.e. under the MMMA) and after (under PA 281). At an average of 1.3 ounces per indoor grown plant, at \$100/ounce, the value is roughly \$9,360 for 72 plants (12 at a time, 4 crops/year) grown by a caregiver (just under 6 pounds or 93.6 ounces). Compare this to the 1500 plants (1,950 oz.) allowed in a new licensed grow facility under PA 281 or \$195,000/crop with an average growing time of 3-4 months or \$585,000/year. This is at \$100/ounce. However, in a dispensary sales are often around \$400/oz, this amounts to a \$780,000/harvest and \$2.34 million/year for 1500 plants. Of course the quality of the strain grown will make a difference in the price.

Heywood used examples from a lab in Lansing and Illinois that conducts a battery of tests on marijuana for safety and potency to show that conducting various tests on 75 plants a week, at \$350/each set of tests will generate 3,900 batteries/year or \$1.365 million/year. There is clearly significant money to be made in growing and testing, but likely also in processing and secure transport. The full article can be found at: <http://npaper-wehaa.com/citypulse/2016/10/12/#?article=2821582>.

Heywood also notes, plants grown outdoors produce much more THC (the active ingredient) than those grown indoors, often more than one pound per plant, but only one crop per year could be produced outside in a Michigan growing season. But a pound a plant is 12 times more than 1.3 oz/plant, and one outdoor crop of 1500 plants could produce 24,000 oz or \$2.4 million at \$100/oz and \$9.6 million at \$400/oz. There are a lot of reasons why this maximum value is unlikely to be achieved, but it doesn't take much land. A 50' x 100' plot of land could easily hold 1500 plants (without irrigation, security and storage), so the land required is small. An acre would be very comfortable for most small growing facilities. Local governments that choose to allow growing facilities should expect to receive license applications for both indoor and outdoor growing facilities.

Far more detailed cost structures for growing cannabis indoors and outdoors in large and small facilities in Florida are found at: <http://www.floridahealth.gov/programs-and-services/office-of-compassionate-use/documents/cost-estimates.pdf>. These may be helpful in further understanding the cost and revenue generating potential of various growing operations. Local and state regulations (license fees) and taxes will create new costs. If these get too great, then the incentive will increase for black market growing operations.

There are also a number of unique building considerations that should be taken into account when preparing local regulations. Many of these are already embodied in model local codes. See



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for example:

- Good overview: <http://www.robsonforensic.com/articles/codes-standards-hazards-marijuana-grow-facility-expert-witness>
- Specific building code considerations [http://www.fmac-co.org/documents/training/2016/Marijuana Guidance Document v.1 2016%2003%2016.pdf](http://www.fmac-co.org/documents/training/2016/Marijuana%20Guidance%20Document%20v.1%202016%2003%2016.pdf); and
- Ventilation and odor control: <http://www.dailyjoint.com/grow-hack-odor-control-strategies-their-best-applications/>.

### Health & Safety

Material on the health and safety impacts of increased marijuana use remain limited. One troubling report out of the Colorado DOT says that in 2015, 12.4% of fatal crashes in Colorado involved a driver who tested positive for cannabis alone. For context, the National Highway Transportation Safety Authority reported in 2015 that 21% of the 31,166 fatal crashes in the U.S. involved at least one driver who tested positive for drugs (not just cannabis) after the incident. This is up from 12% in 2005. [both facts from an article by Nathan Bomey in the October 27, 2016 *USA Today*.]

### Federal Level

It doesn't appear that anything has changed in the Obama administration related to marijuana policy, since the September issue of *PZN*.

It is too early to be sure what will happen in the Trump administration, but on the campaign trail candidate Trump repeatedly expressed support for medical marijuana, and was inconsistent in his support or opposition to legalizing recreational marijuana. However, national organizations that track marijuana legislation are reporting that three of Trump's appointees have a strong history of opposition to marijuana in general, or its use for recreational purposes. These include: retired Marine General John Kelly to head Homeland Security, Attorney General nominee Jeff Sessions, and Department of Health and Human Services pick, Georgia Rep. Tom Price. That makes the future uncertain as to what will happen with marijuana at the federal level. At this point it could be anything: continuation of the status quo (largely leaving it to the states), tightening up the federal war on drugs, encouraging the FDA to speed up marijuana testing, or even loosening restrictions. The only thing that is sure, is that public opinion on legalization of marijuana continues to climb, as noted in the PEW and Gallup surveys above. So any federal action that is perceived to be negative, is likely to stimulate a counteraction. Stay tuned.....

### What to Do

Start reading and talking to local government officials about their opinion on the options. Sign up for the MSUE training in late February and March (see sidebar). Also consult your municipal attorney. Show he or she the articles in the September 2016 *PZN* issue and the questions raised in this article. Ask the attorney to start formulating an opinion and answers to questions as they are raised. Then help your community make the choice that is best for your community. □

**Training Program for Local Government Officials on the New Medical Marijuana Facility Laws.**

**See last entry on calendar on back page beginning Feb. 21, 2017 for details.**

## PLANNING & ZONING NEWS<sup>®</sup>

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### FIRST CLASS MAIL

## JANUARY 2017

**10 RRC BEST PRACTICE TRAINING SERIES - 4, 5, 6** – Roseville, Ern Auditorium, Roseville City Hall. The RRC Best Practice Training Series from the Michigan Economic Development Corporation offers detailed information, examples and implementation steps for achieving a solid planning, zoning and development foundation. Experts in each Best Practice will lead the session and provide participants with explanations of the RRC evaluation criteria and how to include RRC elements in their planning policies and procedures. Covered in these sessions will be

- Best Practice Four – Recruitment and Education
- Best Practice Five – Redevelopment Ready Sites
- Best Practice Six – Community Prosperity

8:30 a.m. – 4 p.m. Cost: Trainings are being offered at no cost, however if you sign up and cannot make it to the training, please email RRC team at [RRC@michigan.org](mailto:RRC@michigan.org) to avoid a \$50 cancellation fee. A light breakfast and lunch will be included. For more information and to register visit: <http://www.cvent.com/events/best-practice-training-4-5-6-winter-2017/event-summary-535e1fa53aa34a938e9ca78e2915ca77.aspx>

**23 – FEB. 6 MICHIGAN CITIZEN PLANNER WEBINAR: FUNDAMENTALS OF PLANNING & ZONING.** Due to its popularity, the MSUE Citizen Planner team is offering the full seven modules to Zoning Administrator Certificate (ZAC) participants (and others) by means of webinar. Dates and classes follow.

- Class 1** Jan. 23 Introduction to Planning & Zoning – Smart Growth & the New Economy, Conflict of Interest & Planning Resources
- Class 2** Jan. 25 Legal Foundations of Planning and Zoning - Cases, Statutes and other Planning Authority
- Class 3** Jan. 27 Roles and Responsibilities, Part I - Master Plan and Planning Process, Sub-Area Plans, and Working with the Public
- Class 4** Jan. 30 Roles and Responsibilities, Part II - Zoning, Site Plans and Zoning Board of Appeals Process
- Class 5** Feb. 1 Plan Implementation and Development Controls - Subdividing Land, Zoning Controls and Non-Regulatory Techniques
- Class 6** Feb. 3 Best Practices for Innovative Planning and Zoning - Green Development, Form-Based Code, Traditional Neighborhood Design and Conservation Design
- Class 7** Feb. 6 The Art of Community Planning - Participation, Effective Meetings and Managing Conflict

For more information or to register visit [http://msue.anr.msu.edu/program/info/michigan\\_citizen\\_planner](http://msue.anr.msu.edu/program/info/michigan_citizen_planner)

**24 RRC BEST PRACTICE TRAINING SERIES Best Practices 4, 5, 6** – Escanaba, Michigan Works!, 2950 College Ave. Same as above. For more information or to register, visit <http://www.cvent.com/events/best-practice-training-4-5-6-winter-2017/event-summary-535e1fa53aa34a938e9ca78e2915ca77.aspx> \*\* Attendees have the option to video conference from Hancock or Sault Ste. Marie.

## FEBRUARY

**15-16 ZONING ADMINISTRATOR CERTIFICATE PROGRAM** Hilton Garden Inn, 14600 Sheldon Road, Plymouth. This certificate-based training is recommended for all new and current Zoning Administrators, along with private consultants and county planners who consult with local zoning administrators. Previously the program was held three full days and now, in 2017, it will only be held for two full days. The program focus is on techniques for doing zoning administration in ways that reduce legal risks to the zoning administrator and their community. To be eligible for a certificate upon completion of this program, participants will need to have also completed the MSUE Michigan Citizen Planner Program, either classroom-based or web-based (see above). If you have questions about the 2017 ZAC Program or to reserve your spot, contact Holly Madill at [madill@landpolicy.msu.edu](mailto:madill@landpolicy.msu.edu) or call (517) 884-7743. To learn more or register visit [http://landpolicy.msu.edu/training/pzc\\_zoning\\_administrator\\_certificate\\_program](http://landpolicy.msu.edu/training/pzc_zoning_administrator_certificate_program)

**21 – MAR. 13 REGULATING MEDICAL MARIJUANA FACILITIES.** This is an opportunity for local government officials to learn about their options in prohibiting or accepting and regulating medical marijuana dispensaries, growing facilities, processing, product testing, and transport facilities. Classes are taught by MSU Extension Educators in the following locations on the dates indicated. All programs are 6 PM – 9:00 PM. For more information or to register visit <https://events.anr.msu.edu/localGovMMW>

- Feb. 21 – Traverse City, Networks Northwest Michigan Works!
- Feb. 27 – Livonia, Senior Center Dining Room
- Feb. 28 – St. Ignace Public Library
- Feb. 28 – East Lansing, MSU Human Ecology Bldg
- Mar. 2 – North Muskegon, Laketon Twp Hall
- Mar. 2 – Warren Community Center
- Mar. 6 – Marquette Township Hall
- Mar. 6 – Lawrence, Van Buren Conference Center
- Mar. 7 – Richmond Township Hall
- Mar. 8 – Sapinaw Township Fire Station
- Mar. 13 – Alpena Community College