

**207 Waiver**

**Title**

**Legal Description**

**Policy or Appeals**

**Correspondence Between Legal & Staff**

**Letter of Authorization**

**WHEN RECORDED RETURN TO:**  
CITY OF SCOTTSDALE  
ONE STOP SHOP/RECORDS  
( )  
7447 East Indian School Road, Suite 100  
Scottsdale, AZ 85251

**WAIVER OF RIGHT TO MAKE A CLAIM UNDER PROPOSITION 207**  
(A.R.S. § 12-1131 et. seq.)  
City of Scottsdale Case No. 10-UP-2015

The undersigned is the fee title Owner of property, (Parcel No.) 215-55-070 located at 15190 N Hayden Rd Scottsdale, Maricopa County, Arizona, that is the subject of a request by owner for a:

- Conditional Use permit     Abandonment     Land division     Development Review  
 Other \_\_\_\_\_

By signing this document, the undersigned Owner agrees and consents to all of the conditions and/or stipulations imposed by the Scottsdale Planning Commission, Development Review Board, city staff, or the City Council in conjunction with Owner's request for application of the city's land use laws to the Owner's property.

Owner waives any right to compensation for diminution in value that may be asserted now or in the future under Proposition 207, the Private Property Rights Protection Act (A.R.S. § 12-1131, et.seq.), based upon Owner's request in case no. 10-UP-2015.

Dated this 4 day of JANUARY, 2016.

Owner: William Robert  
(Type Name)

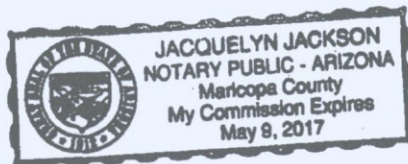
By: [Signature]  
(Signature of Owner)

STATE OF ARIZONA    )  
                                  ) ss.  
County of Maricopa    )

Subscribed and sworn to before me this 4 day of JANUARY, 2016 by  
William Robert

[Signature]  
Notary Public

My Commission Expires:  
May 9 2017



Short Waiver Form

Revised May 2007

**Stipulations for the Conditional Use Permit**  
**For a Medical Marijuana Use**  
**Dispensary Relocation**  
**Case Number: 10-UP-2015**

These stipulations are in order to protect the public health, safety, welfare, and the City of Scottsdale.

**BOLD CAPS and ~~strikethrough~~ indicate changes made by the City Council at the hearing.**

**OPERATIONS**

1. **CONFORMANCE TO SITE PLAN.** The location of the medical marijuana use on the property shall be in substantial conformance with the site plan provided by the applicant, with the city staff date of 10/2/15, and attached as Exhibit A to Exhibit 2. Any proposed significant change to the conceptual site plan as determined by the Zoning Administrator, shall be subject to additional action and public hearings before the Planning Commission and City Council.
  
2. **CONFORMANCE TO FLOOR PLAN.** The interior layout of the facility shall be in substantial conformance with the floor plan provided by the applicant, with the city staff date of 8/21/15, and attached as Exhibit B to Exhibit 2. Any proposed significant change to the conceptual floor plan as determined by the Zoning Administrator, shall be subject to additional action and public hearings before the Planning Commission and City Council.
  
3. **PUBLIC SAFETY AND REFUSE CONTROL PLAN.** The operations of the Medical Marijuana Dispensary shall conform to the Public Safety and Refuse Control Plan approved by, and on record with, the Scottsdale Police Department and the Planning, Neighborhoods and Transportation Division. A copy of the approved Public Safety and Refuse Control Plan shall be maintained on-site. Within 10 days after a request by the City Manager or designee, the owner shall provide an update of the Public Safety and Refuse Control Plan to the Scottsdale Police Department and the Planning, Neighborhoods and Transportation Division. At least 10 days prior to any operational changes to the Medical Marijuana Dispensary that modify the requirements or contents of the Public Safety and Refuse Control Plan, the owner shall submit a revised Public Safety and refuse Control Plan to the Scottsdale Police Department and the Planning, Neighborhoods and Transportation Division. Any proposed amendments to the Public Safety and Refuse Control Plan are subject to approval by the Scottsdale Police Department and the Planning, Neighborhoods and Transportation Division.
  
4. **HOURS OF OPERATIONS.** Per the applicant’s Operation Plan, the hours of operation for this facility shall be limited to:

	Open to Customers	Close to Customers
Sunday	10:00 AM	7:00 PM
Monday	10:00 AM	7:00 PM
Tuesday	10:00 AM	7:00 PM

Resolution No. 10290  
 Exhibit 2

Wednesday	10:00 AM	7:00 PM
Thursday	10:00 AM	7:00 PM
Friday	10:00 AM	7:00 PM
Saturday	10:00 AM	7:00 PM

**ADMINISTRATIVE/PROCESS**

5. **TERM OF CONDITIONAL USE PERMIT.** This conditional use permit is valid for ~~five (5)~~ **ONE (1)** years, unless it is first amended or renewed.
  
6. **CONDITIONAL USE PERMIT ADMINISTRATIVE REVIEW.** Within ten (10) days after a request by the Zoning Administrator or designee, the owner shall submit a letter to the Zoning Administrator or designee demonstrating compliance with all stipulations. A deviation from any stipulations or change in the floor plan may be grounds for revocation of the Conditional Use Permit.
  
7. **CHANGES IN OWNERSHIP.** Within ten (10) days after a change in ownership, the owner shall provide notice to the Zoning Administrator in writing of any such ownership change.
  
8. **COMPLIANCE WITH STATE LAW.** The owner shall maintain in good standing all appropriate permits, licenses and certificates from the State of Arizona.

AFFIDAVIT OF AUTHORITY TO ACT FOR PROPERTY OWNER

1. This affidavit concerns the following parcel of land:

- a. Street Address: 15190 N. HAYDEN RD. SCOTTSDALE AZ 85260
- b. County Tax Assessor's Parcel Number 215-55-070
- c. General Location HAYDEN + S3RD
- d. Parcel Size: 1.08 ACRES / 47,169 SQFT
- e. Legal Description: SCOTTSDALE AIRPARK CORPORATE CENTER MCB 307-3  
(If the land is a platted lot, then write the lot number, subdivision, name, and the plat's recording number and date. Otherwise, write "see attached legal description" and attach a legal description.)

2. I am the owner of the land or I am the duly and lawfully appointed agent of the owner of the land and have authority from the owner to sign this affidavit on the owner's behalf. If the land has more than one owner, then I am the agent for all of the owners, and the word "owner" in this affidavit refers to all of them.

3. I have authority from the owner to act for the owner before the City of Scottsdale with regard to any and all reviews, zoning map amendments, general plan amendments, development variances, abandonments, plats, lot splits, lot ties, use permits, building permits and other land use regulatory or related matters of every description involving the land, or involving adjacent or nearby lands in which the owner has (or may acquire) an interest and all applications, dedications, payments, assurances, decisions, agreements, legal documents, commitments, waivers and other matters relating to any of them.

4. The City of Scottsdale is authorized to rely on my authority as described in this affidavit until three work days after the day the owner delivers to the general manager of the Scottsdale Planning and Development Services Department a written statement revoking my authority.

5. I will immediately deliver to the general manager of the City of Scottsdale Planning and Development Services Department written notice of any change in the ownership of the land or in my authority to act for the owner.

6. If more than one person signs this affidavit, each of them, acting alone, shall have the authority described in this affidavit, and each of them warrant to the City of Scottsdale the authority of the others.

7. Under penalty of perjury, I warrant and represent to the City of Scottsdale that this affidavit is true and complete. I understand that any error or incomplete information in this affidavit or any applications may invalidate approvals or other actions taken by the City of Scottsdale, may otherwise delay or prevent development of the land and may expose me or the owner to other liability. I understand that people who have not signed this form may be prohibited from speaking for the owner at public meetings or in other city processes.

Name (printed)  
William A. Robert  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date  
August 5, 2015  
\_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_

Signature  
William A. Robert  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner Certification  
Acknowledging Receipt  
Of  
Notice Of Right To Appeal  
Exactions And Dedications

I hereby certify that I am the owner of property located at:

15190 N. HAYDEN RD. SCOTTSDALE, AZ 85260

(address where development approval, building permits, or city required improvements and dedications are being required)

and hereby certify that I have received a notice that explains my right to appeal all exactions and/or dedications required by the City of Scottsdale as part of my property development on the parcel listed in the above address.

William A. Robert 8-5-15

Signature of Property Owner

Date



## Request for Site Visits and/or Inspections Development Application (Case Submittals)

This request concerns all property identified in the development application.

Pre-application No: 635 - PA - 2015

Project Name: BYERS RELOCATION

Project Address: 15190 N. HAYDEN RD., SCOTTSDALE AZ 85260

### STATEMENT OF AUTHORITY:

1. I am the owner of the property, or I am the duly and lawfully appointed agent of the property and have the authority from the owner to sign this request on the owner's behalf. If the land has more than one owner, then I am the agent for all owners, and the word "owner" refer to them all.
2. I have the authority from the owner to act for the owner before the City of Scottsdale regarding any and all development application regulatory or related matter of every description involving all property identified in the development application.

### STATEMENT OF REQUEST FOR SITE VISITS AND/OR INSPECTIONS

1. I hereby request that the City of Scottsdale's staff conduct site visits and/or inspections of the property identified in the development application in order to efficiently process the application.
2. I understand that even though I have requested the City of Scottsdale's staff conduct site visits and/or inspections, city staff may determine that a site visit and/or an inspection is not necessary, and may opt not to perform the site visit and/or an inspection.

Property owner/Property owners agent:

William A Robert

Print Name

William A Robert

Signature

### City Use Only:

Submittal Date: \_\_\_\_\_ Case number: \_\_\_\_\_

### Planning, Neighborhood & Transportation Division

7447 E Indian School Road, Suite 105, Scottsdale, AZ 85251 ♦ Phone: 480-312-7000 ♦ Fax: 480-312-7088

To Whom It May Concern:

I understand an authorization letter is required by the city of Scottsdale in order for Byers Dispensary Inc. to seek a conditional use permit to move their medical marijuana dispensary license to the address 15190 N Hayden Rd, Scottsdale, AZ 85260. I hereby authorize Byers Dispensary to peruse application for this conditional use permit.

Thank you,  
William Robert  
Member/manager of  
CLG Investments, LLC

A handwritten signature in blue ink, appearing to read "William Robert", is written over the typed name.