

Bureau of Medical Marijuana Request for Approval: Facility Alteration 28 Pa. Code § 1141a.41

Pursuant to regulation § 1141a.41, a medical marijuana organization shall request approval to make any of the following alterations to the facility for which its permit was issued:

- An increase or decrease in the total square footage of the facility.
- The sealing off, creation of or relocation of a common entryway, doorway, passage or other means of public ingress or egress when the common entryway, doorway or passage alters or changes limited access areas.
- Any of the following made to enhance activities authorized under the permit:
 - Additional electric fixtures or lighting equipment.
 - The lowering of a ceiling.
 - Electrical modifications that require inspection by the local municipality.

To request approval for a facility alteration, submit 1) this form, 2) the required fee, 3) a Request Form Cover Page, and 4) all additional documentation listed below. A request will be deemed incomplete, and not considered, until all required documentation has been submitted.

Submitting your Request

All documents must be saved as a PDF file with the following file naming format: [name on permit]_[name of document]. Files should be submitted in a singular correspondence if via email to RA-DHMMRCompliance@pa.gov OR submitted to the following address on a single USB drive if via mail:

Bureau of Medical Marijuana - Request Form
Department of Health
Room 628 Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

Please ensure the application is properly signed and dated. A signature may be scanned and provided electronically in a PDF file.

Fees

Pursuant to 28 Pa. Code § 1141a.28, the following fee must be submitted in the form of certified check or money order made out to “Commonwealth of Pennsylvania”, enclosed in an envelope within the application package.

Request for Approval: Facility Alteration Fee: \$250

Documentation

Please submit the following:

- A brief explanation of why this alteration is being requested.
- A copy of the initial application filed with the Department for the permit with updated information provided for the following sections:

	Section 1: Application Name, Address and Contact Information	Provide any changes to the applicant’s name, address and contact information since the initial application for a permit was filed with the Department.
<input type="checkbox"/>	Section 2: Facility Information	Indicate the existing facility location authorized by the permit.
<input type="checkbox"/>	Section 4, Part C: Principals, Financial Backers, Operators and Employees	Attach a list of any principals, financial backers, operators and employees that have been added to medical marijuana organization since the issuance of the permit by the Department.

<input type="checkbox"/>	Section 8, Part D: Operational Timetable	Attach a timetable for the proposed location indicating the steps that will be taken for the location to become operational within 6-months from the date the proposed alterations are approved by the Department.
<input type="checkbox"/>	Section 10, Part D: Security and Surveillance	Attach a statement outlining the security and surveillance methods and procedures that will be implemented following the proposed alterations.
<input type="checkbox"/>	Section 16, Part D ¹ : Sanitation and Safety OR Section 20, Part D ² : Sanitation and Safety	Attach a statement of the intended sanitation and safety measures that will be implemented for the proposed alterations.
<input type="checkbox"/>	Section 23 Part F ¹ : Community Impact OR Section 28, Part F ² : Community Impact	Attach a statement describing the positive impact the proposed alterations will have on the community and patients (as applicable).
<input type="checkbox"/>	Attachment D: Site and Facility Plan	Attach copies of the site plan for the proposed changes. Include any documentation provided by the local municipality showing the facility complies with local zoning requirements and can operate at the proposed location as a grower/processor or a dispensary.

Additional Attestation

I hereby affirm that all other sections of the initial applications remain unchanged and will apply to the proposed location.

Permit ID Number: _____

Signature Date

Name Role in MMO

¹ For Dispensaries only.

²For Grower/Processors only.