**SCHEDULE 8 – REQUEST TO MODIFY PERMIT**

Facility Name: _____ Permit Number: _____

Project Location: _____
Address City County District

Section 1000.150 of the Department's "Compassionate Use of Medical Cannabis Pilot Program" rules requires the amendment of the operating permit prior to the modification of any facility. By definition, "Modification" is defined as changes in facility structures, processes or activities at a cultivation center that will alter the efficiency of production structures, processing systems, and/or changes in capacity within the center (Section 1000.10).

Modifications include any change that would modify the approved Permit design capability of a production area. An example would be a change in the size of the physical dimensions of a production area resulting in an overall change from the submitted blueprint(s). Cultivation center permit holders must contact the Department regarding the need for a permit modification when considering changes in the facility structures or activities covered by the rules at 8 IAC 1000.

1. APPLICATION FOR PERMIT MODIFICATION: Submit the application along with this schedule. Proposed changes in the layout of the facility may require amendments to drawings previously submitted and/or the related schedule.

2. REFERENCE TO EXISTING PERMIT(s): Schedule Number(s) _____, _____, _____, _____, _____

   Drawing Number(s): _____, _____, _____, _____, _____, _____

   Description of the facility structure and/or process involved: _____
   _____
   _____
   _____

3. Proposed change to facility structure: _____
   _____
   _____
   _____

4. Proposed process changed:
   _____
   _____
   _____
   _____

5. Provide the reason for the change of and statement noting how the proposed change qualifies as an improvement. _____
   _____
   _____
   _____

6. Other modification(s) (i.e. financial structure): Please describe proposed changes: (If additional space is needed, attach a separate sheet)
   _____
   _____
   _____

7. Supporting Documentation, Plot Maps, Drawings and/or Diagrams:

_____
_____
_____
_____
_____
_____

8. Identify whether the proposed changes will affect your zoning approval or other municipal permit.

_____
_____
_____
_____
_____
_____

I understand the modification of a cultivation center must be approved by the Department before the cultivation center may begin modifications.

Signed By: _____ _____ _____

Principal Officer Printed | Principal Officer Signature | Date

**FOR DEPARTMENT USE ONLY**

Date:

By:

APPROVED

DENIED