

# Land Use Compatibility Statement (LUCS)

### **Form Instructions**

### What is a land use compatibility statement (LUCS)?

The LUCS is a form developed by Oregon Psilocybin Services (OPS) to be used in partnership with local governments in Oregon to ensure a manufacturer and/or service center land use proposal is consistent with local government land use regulations.

**Why is a LUCS required?** Oregon Psilocybin Services (OPS) and other state agencies with licensing, permitting, or other approval activities that affect land use are required by Oregon law to ensure consistency with local land use and zoning requirements and to have a process for local cities or counties to make that determination prior to the state agency issuing a license, permit, or approval. ORS 475A.270 requires applicants for a manufacturer or service center license to provide a completed and signed LUCS form to OPS that shows that their proposed land use is allowed.

OPS cannot determine whether a proposed site is allowed under local land use or zoning requirements and will not begin reviewing an application for a manufacturer or service center license until a LUCS form has been received that has been signed by the local jurisdiction and indicates that the proposed site is allowed. Each local jurisdiction has different land use requirements. OPS encourages applicants to clearly understand these requirements before submitting a LUCS form to the city or county planning office for review.

#### How to complete a LUCS:

• Step 1: Applicant completes Section 1 of the LUCS form and submits it to the appropriate city or county planning office. Applicant verifies with local jurisdiction whether additional forms, applications, or permits are required. Please ensure that the information is accurate and check with the appropriate city or county planning office to verify whether additional documents are required for the local land use compatibility statement approval process. If the local planning office with

your LUCS application. Failure to do so may result in the planning office denying your application. OPS is unable to provide further guidance regarding city or county planning office requirements.

- **Step 2:** Local jurisdiction completes Section 2 of this form indicating whether the proposed use is compatible with land use regulations and returns signed and dated form to the applicant. Guidance to local jurisdictions:
  - Service centers are locations where clients consume psilocybin during administration sessions. A client administration session is supervised by a licensed facilitator and must occur at a licensed service center. An administration session is the only time a client may purchase psilocybin products Clients are required to remain at the service center site for a minimum duration of time until their administration session is complete. Duration of the administration session is based on the dose of psilocybin products consumed.

Service center premises are required to have designated client administration areas and product storage areas. They may also contain areas like client lobbies, meeting rooms and back offices. A service center could have both indoor and outdoor areas at their licensed premises.

- Manufacturers will cultivate/produce or process psilocybin products. Cultivation may only occur indoors. Manufacturers are required to hold at least one endorsement but may hold all three. The Cultivation Endorsement allows the cultivation of fungal tissue and the production of dried fungi and homogenized fungi. The Extraction Endorsement allows the production of psilocybin extracts; allowable solvents are limited by administrative rule and the use of high heat and pressure is prohibited. The Edible Endorsement allows production of food products that contain psilocybin.
- For more information on psilocybin services please consult the <u>OPS Fact</u> <u>Sheet.</u>
- **Step 3:** Applicant submits this date-stamped form and any supporting information provided by the city or county to OPS with their license application. Applicants are encouraged to understand any additional supplemental information required by local jurisdictions prior to submitting the LUCS form for city or county review.

## Land Use Compatibility Statement (LUCS)

Revised 5.1.23

Applicant Name: Phone:   Mailing Address: State:   City: State:   Premises Address: State:   City: State:   City: State:   Proposed License Type: Service Center   Manufacturer Manufacturer   Proposed Manufacturer Endorsement: (If applicable, check all that apply)   Proposed Manufacturer Information (If required by city or county):	Jnit/Suite: ZIP: Jnit/Suite: ZIP:					
City: State:   Premises Address:	ZIP: Jnit/Suite:					
Premises Address:       State:         City:       State:       OF         Proposed License Type:       Service Center       Manufacturer         Proposed Manufacturer Endorsement:       Fungi Cultivation       Proposed Manufacturer         Image: Proposed Manufacturer Endorsement:       Proposed Manufacturer Endorsement:       Proposed Manufacturer Endorsement:         Image: Description       Proposed Manufacturer Endorsement:       Proposed Proposed Manufacturer Endorsement:       Proposed Proposed Manufacturer Endorsement:         Image: Description       Edible Psilocybin Extraction       Proposed Proposed Proposed Manufacturer Endorsement:       Proposed Proposed Proposed Proposed Manufacturer Endorsement:       Proposed Propos	Jnit/Suite:					
City:       State:       OF         Proposed License Type: <ul> <li>Service Center</li> <li>Manufacturer</li> <li>Manufacturer</li> <li>Fungi Cultivation</li> <li>Psilocybin Extraction</li> <li>Psilocybin Extraction</li> <li>Psilocybin Extraction</li> <li>Instruction</li> <li>Ins</li></ul>						
Proposed License Type:       Service Center       Manufacturer         Proposed Manufacturer Endorsement: (If applicable, check all that apply)       Image: Context and the proposed manufacturer         Below       Image: Context and the proposed manufacturer         Image: Context and the proposed manufacturer       Image: Context and the proposed manufacturer         Image: Context and the proposed manufacturer       Image: Context and the proposed manufacturer         Image: Context and the proposed manufacturer       Image: Context and the proposed manufacturer         Image: Context and the proposed manufacturer       Image: Context and the proposed manufacturer         Image: Context and the proposed manufacturer       Image: Context and the proposed manufacturer         Image: Context and the proposed manufacturer       Image: Context and the proposed manufacturer         Image: Context and the proposed manufacturer       Image: Context and the proposed manufacturer         Image: Context and the proposed manufacturer       Image: Context and the proposed manufacturer         Image: Context and the proposed manufacturer       Image: Context and the proposed manufacturer         Image: Context and the proposed manufacturer       Image: Context and the proposed manufacturer         Image: Context and the proposed manufacturer       Image: Context and the proposed manufacturer         Image: Context and the proposed manufacturer       Image: Context and the proposed manufacturer	ZIP					
Type:       Service Center       Manufacturer         Proposed Manufacturer Endorsement:       Imanufacturer       Fungi Cultivation         (If applicable, check all that apply)       Imanufacturer       Service Center         Edible Psilocybin Production						
Type:       Service Center       Manufacturer         Proposed Manufacturer Endorsement:       Imanufacturer       Fungi Cultivation         (If applicable, check all that apply)       Imanufacturer       Edible Psilocybin Production						
Proposed Manufacturer Endorsement: <ul> <li>Psilocybin Extraction</li> <li>Edible Psilocybin Production</li> </ul>						
(If applicable, check all that apply)						
(If applicable, check all that apply)						
Additional Comments or information (if required by city or county):						

#### Section 2 – To be Completed by Local Jurisdiction

Site Location Information	n:							
Map Number*:	ap Number*:			T	ax Lot			
*Include Township, Range, Section, and if applicable, Quarter-Section and Quarter-Quarter-Section								
Name of Jurisdiction	on:		Property Z		ning:			
Site is Locate	ed: 🗆	Inside city limits		□ Inside UGB		•	Outside UGB	
The proposed land use has been reviewed and: $\Box$ is			⊟ ls pr	Is prohibited*				
			[	∃ Is <u>no</u>	o <u>t</u> proh	ibited*		
*OPS will rely solely on this designation to determine whether the proposed land use is consistent with local zoning code.								

#### Comments:

To be completed by Local Reviewing Official:

Name:	Title:	
Email:	Phone:	
Signature:	Date:	