

Permit Number:
20____ - ____

**TOWN OF ALNA
PLANNING BOARD**

Business Permit

For Office Use Only
Fee: _____
Date Paid: _____
Check #: _____

1. **APPLICANT(S):**

Names(s) _____

Name of Business: _____

Mailing Address: _____

Location of Business: _____

Telephone: _____

E-mail Address: _____

2. **OWNER OF PROPERTY** if other than the Applicant:

Names(s) _____

Mailing Address: _____

Telephone: _____

E-mail Address: _____

3. **DOES ANY PART OF THIS BUSINESS FALL WITHIN THE SHORELAND ZONE?**
(If yes, please describe.)

4. **DESCRIBE PROPOSED BUSINESS USE:** _____

5. **PROPOSED HOURS AND DAYS OF OPERATION:** _____

6. **YEAR ROUND OR SEASONAL?** _____

7. IF NEW BUILDINGS, RENOVATIONS OR ADDITIONS ARE PROPOSED, PLEASE DESCRIBE, INCLUDING DIMENSIONS (Attach a separate sheet if necessary.):

8. DO YOU PROPOSE A SIGN VISIBLE FROM THE ROADWAY? (If yes, please describe.)

9. Other Notations: _____

To the best of my knowledge, all information submitted in this application is true and correct. If this application is approved, I agree to comply with all pertinent ordinances and any special conditions established by the Alna Planning Board.

Signed: _____ Date: _____
Applicant

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Code Enforcement Officer Comments:

Signed: _____ Date: _____
Code Enforcement Officer

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PLANNING BOARD LOG:

Permit Application Year: _____ **Number:** _____

Application Received: _____

Abutters Notified: _____

Comments Received: _____

Public Hearing: _____

Planning Board Action: Approved: _____
(enter date & initials)

Disapproved: _____

Approved w/conditions: _____ (See attached letter.)

Signed: _____ Date: _____
Secretary, Alna Planning Board