

Permit Number:  
20 \_\_\_\_\_

# TOWN OF ALNA PLANNING BOARD

## Business Permit

For Office Use Only  
Fee: \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Check #: \_\_\_\_\_

1. APPLICANT(S):

Names(s) Dave Kelley PD.  
Name of Business: Dave's Disposal  
Mailing Address: PO Box 274 Alna, ME 04535  
Location of Business: ~~Alna~~ 85 Rabbit Path Rd Alna, ME 04535  
Telephone: 207 844-0426  
E-mail Address: davesdisposal207@gmail.com

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.)

NO

4. DESCRIBE PROPOSED BUSINESS USE: Weekly Household trash pickup.

Plu in Wiscasset, Alna, Westport Island taken to Wiscasset transfer station,  
Commercial Hauler Permit for transfer station

Plu in Litchfield, Dresden, Richmond, Bowdoin taken to Casella in West Bath  
- pickup truck, and self employed

5. PROPOSED HOURS AND DAYS OF OPERATION: 7-4 - M-F

2 Days Per week - 1 vehicle, my self as driver

6. YEAR ROUND OR SEASONAL? Year Round

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

N/A

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

N/A

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: [Signature] Applicant Date: 01/17/24

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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