

Permit Number:
20____ - ____

TOWN OF ALNA PLANNING BOARD

Business Permit

For Office Use Only
Fee: 25.00
Date Paid: 4/4/2023
Check #: 1000

S/P

1. APPLICANT(S):

Names(s) Sherman Provan
Name of Business: maidenhuck
Mailing Address: 562 Egypt Rd., Alna ME 04535
Location of Business: 562 Egypt Rd., Alna ME 04535
Telephone: 207-380-4402
E-mail Address: earthbaby1@rocketmail.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: retail sales
of plants & home decor, landscape
services:

Supporting First Responders through
plants, art & food

5. PROPOSED HOURS AND DAYS OF OPERATION: M-F, 9-5, varies

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.)

No

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] Date: 8/4/23
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