

Permit Number:
20____ - ____

**TOWN OF ALNA
PLANNING BOARD**

Business Permit

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

1. **APPLICANT(S):**

Names(s) Marilyn Quinn
Name of Business: Annie Nutbrown
Mailing Address: P.O. Box 252, Alna, ME 04535
Location of Business: 71 Nelson Rd, Alna
Telephone: 207-350-0118
E-mail Address: annie.nutbrown@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:** Vintage goods (fabrics, clothing, housewares) for sale @ retail level.

5. **PROPOSED HOURS AND DAYS OF OPERATION:** SAT + SUN 10-4 or
by appointment

6. **YEAR ROUND OR SEASONAL?** April - Dec.

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

NONE

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

NOT at this time

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: Mary Quinn Date: 4/20/23
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

6/4/07

NO. 10
DORCHESTER
1-800-344-3088