

Permit Number:  
20 - -

# TOWN OF ALNA PLANNING BOARD

## Business Permit

For Office Use Only  
Fee: \$25  
Date Paid: 4/30/24  
Check #: 215

slf

1. APPLICANT(S):

Names(s) Coreysha Stone  
Name of Business: Stone Retreat  
Mailing Address: 178 Lotthrop Rd Alna 04535  
Location of Business: 178 Lotthrop Rd " "  
Telephone: 207-350-1261  
E-mail Address: stoneretreatme@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:

Seasonal Glamping cabin

5. PROPOSED HOURS AND DAYS OF OPERATION: 24 hours  
7 days per wk

6. YEAR ROUND OR SEASONAL? From Memorial Day to Halloween  
(3rd wk May - last wk Oct.)

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.)

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]*  
Applicant

Date: 8/15/24

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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: \_\_\_\_\_  
Secretary, Alna Planning Board

Date: \_\_\_\_\_