

Permit Number:
20____ - ____

**TOWN OF ALNA
PLANNING BOARD**

Business Permit

For Office Use Only
Fee: 25.00
Date Paid: 11/14/23
Check #: 3691

1. APPLICANT(S):

Names(s) John Chapman
Name of Business: Stix + Stones
Mailing Address: 1546 Alna Rd
Location of Business: " "
Telephone: 207-350-0333
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.)

NO

4. DESCRIBE PROPOSED BUSINESS USE: take out food
with outside dining

5. PROPOSED HOURS AND DAYS OF OPERATION: may vary between
8-6

6. YEAR ROUND OR SEASONAL? Seasonal

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

12 x 20

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

~~no~~ ~~no~~ yes

Sign
and
Stores

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:


Applicant

Date: 11-24-2023

Code Enforcement Officer Comments:

Signed:

Code Enforcement Officer

Date:

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: