



Established 1870

# Town of Lamoine Home Occupation Permit Application

7/21/06 Date

Briefly describe the home occupation activity for which you are requesting a permit (use back of page if necessary)

Woodland Basketry & Chair Seat Weaving

Property Owner Name: Joanne Parkinson Telephone 667-5153  
Mailing Address: 16 Marilyn Lane Cell Phone -  
Lamoine E-Mail JanPc6@aol.com  
Fax -

Applicant Name: Joanne Parkinson Telephone 667-5153  
Mailing Address: 16 Marilyn Lane Cell Phone -  
Lamoine E-Mail JanPc6@aol.com  
Fax -

Street Address of Property Seeking Home Occupation Permit 16 Marilyn Lane

Map 12 Lot 41-3 Zone  Residential  
 Rural & Agricultural  
Speed Limit N/A  Development  
Site Distance Left N/A  Shoreland Limited Residential  
 Shoreland Limited Commercial  
Site Distance Right N/A  Shoreland Commercial/Maritime Activities  
 Shoreland Resource Protection  
 Shoreland Stream Protection

SSWD (Septic) Permit # 1342 SSWD Size 2 bedrooms

Water Source (check one)  
 Well (Private)  Well (Shared)  Cold Spring Water Co

- ▶ # of Employees other than immediate family members 0 # of Family Members residing in the home 1
- ▶ Expected vehicle trips per day to physical address occasional UPS delivery
- ▶ Number of parking spaces at this address 4
- ▶ Is any building activity required for this occupation?  Yes  No Permit # \_\_\_\_\_
- ▶ Will you place a sign at this location?  Yes  No (If yes, dimensions \_\_\_\_\_?)
- ▶ Will you be doing business in a name other than your own?  Yes  No (If yes, you obtain a permit from the Lamoine Town Clerk and attach a copy to this application.)

I certify the above information is correct to the best of my knowledge:

Joanne Parkin  
Signature

7/21/06  
Date