Town of Re Readfield, Ma (207) 685	ine 04355	Permit Fee Date Paid _ Receipt # _ Map L	
Planning Board Land Use Permit Application			
The undersigned applies for approval of the Readfield Planning Board as follows:			
Name DEBLA CASALE Address 395 CAMPGROUND ROAD NORTH ANSON ME 04958	Address		
Phone# (W) 207-922-3945 (H) 609-313-4859	Phone# (W) _ (H) _		
Note: Property owner must provide written authorization if he/she wishes to be represented by an agent. Such authorization may be provided either by signing this application, or by providing authorization by means of a separately signed statement included with the application.			
2. Please describe what you are proposing to do: I PROPOSE TO LEASE THE SHOP AT 769 MAIN STREET FOR			
MY MEDICAL - ONLY CANNABIS RETAIL SHOP IN ACCORDANCES WITH THE ALLOWANCES GRANTED BY MY MEDICAL CAREGIVERS LICENSE WHILE COMPLYING WITH ALL TOWN AND STATE			
REGULATIONS.			
3. What land use district, e.g. rural residential, is the property located (as defined in Article 7 of the Land Use Ordinance (LUO) and depicted on the Land Use Map)?			
4. What is the existing use of the property (see Table 1/Table of Uses, Article 7, of the LUO)? Retail Down Dwelling (2) Up			
5. What is the proposed use of the property as best described from Table 1/Table of Uses in Article 7?			
KOUGHLY 5. Lot Width 30' Lot Depth 45' Lot Area in Acres (1 acre = 43,560 sq. ft.)			
6. If a structure is proposed to be built, or expanded, list the following:			
Type of Structure(s) NIA Length	Wid	lth	Height

R

t100

