NOTICE OF INTENT TO COMPLY WITH MAINE CONSTRUCTION GENERAL PERMIT

PLEASE TYPE OR PRIN	T IN BLACK INK ONLY												
Name of Applicant (Owner):	Hawthorn Develo	LLC)	Applicant Mailing Address:		9310 NE Vancouver Mall Drive #200							
Town/City:	Vancouver				State:	WA			Zip Code	98	8662		
Daytime phone: (with area code)	503-399-1090	Email availat	ronj@lenityarchitect Name of Agent: Sebago				ago	Technics, Inc.					
Project Location: (Town/City):	Portland			M North own)	ing: (if	4838624 3	4.4	UTM E known	asting:)	(if	397993.29		
Map #:	411/416		Lot	t #:		7A/A6, A7 A21		Size of area pr			4.93 ac.		
Creating a common	plan of development o	r sale?	Ye	s 🗌 📗	No 🛛	Part of a la	rger p	roject?	Yes □ No ⊠			No ⊠	
Name of waterbody name municipality i	(ies) to which the distu f drains to an MS4:	rbed are	a dra	ins, or	Ca	sco Bay							
Does site drain to an Impaired Waterbody (C)? If so, give name:													
Detailed directions to site, including address if available:				From I-95, go west on Washington Ave, turn right onto Ocean Ave, project entrance is approx. 3,300 ft north on the left									
Description of project and its purpose: The construction of a 150 Unit Congregate Care Facility													
3/10/03). I have a cattached all the record feed ALL: A checorrect feed ALL: A U.S ALL: Drawing ALL: An ES IF this form authorization	is not being signed by	on Gene ication f ade pay acres b ne Atlas tivity (sit	ral Promiser able eing s & Garage eing s & Garage eing s & Garage eing s & Garage eine eine eine eine eine eine eine ei	ermit. I s canno. to: "Tre permitti d'azettee an).	have reat to be accepted to determap weeksee of	ad and will epted withon State of Matermine the ith the project the proper	comp out the aine." fee. ect si	ly with a necess See DE te clearly	all of the sary att P fee s y mark ument	e star echn sche ed.	ndard nents dule	ds. I have for ving	
I authorize staff of to	the Departments of Energiese general permit. I also	unders	tand	that th	is permi								
Signature of Applicant:	Hawthorn Developr liability company By: Hawthorn Man Washington corpor By: Barton G.	agement ation, it	t Service	vices Co nager		ed	Date	1/25	5/16				
	y as a record of permit. S propriate regional office												

notification. No further authorization by DEP will be issued after receipt of notice. Check with DEP Staff to determine the expiration date on this permit. Work carried out in violation of any standard is subject to enforcement action.

OFFICE USE ONLY	Ck.# 12684		Staff TH	Staff	
NOI#6/221	FP/35.00	Date 9/2016	Acc Date	Def. Date	After Photos