

I. Project Information (Please enter n/a on those fields that are not applicable)

Project Name:	Portland HRG Retirement Residence LLC
Proposed Development Address:	830 Ocean Ave. (Formerly 802 Ocean Ave.) Portland, ME 04103
Project Description: (Please attach a sketch/plan of the proposal/development)	Temporary information trailer for 5 months to provide information to future residents.
Chart/Block/Lot:	

II. Contact Information (Please enter n/a on those fields that are not applicable)

APPLICANT

Name:	Allyson Terry
Business Name:	Hawthorn Construction Group LLC
Address:	9310 NE Vancouver Mall Dr. Ste. 200
City/State:	Vancouver, WA
Zip Code:	98662
Work #:	360-597-2753
Home #:	360-597-2753
Cell #:	360-597-2753
Fax #:	360-213-1540
E-mail:	allyson.terry@hawthornret.com

OWNER

Name:	Portland HRG Retirement Residence LLC
Address:	9310 NE Vancouver Mall Dr. Ste. 200
City/State:	Vancouver, WA
Zip Code:	98662
Work #:	360-597-2753
Home #:	360-597-2753
Cell #:	360-597-2753
Fax #:	360-213-1540
E-mail:	ap@hawthorncg.com

AGENT/REPRESENTATIVE

Name:	Craig Lewis
Address:	830 Ocean Ave.
City/State:	Portland, ME
Zip Code:	04103
Work #:	207-536-7233
Home #:	503-559-1016
Cell #:	503-559-1016
Fax #:	207-805-1026
E-mail:	clewis@colson-colson.com

BILLING (to whom invoices will be forwarded to)

Name:	Hawthorn Construction Group LLC
Address:	830 Ocean Ave.
City/State:	Portland, ME
Zip Code:	04103
Work #:	207-536-7233
Home #:	207-536-7233
Cell #:	503-559-1016
Fax #:	207-805-1026
E-mail:	clewis@colson-colson.com

ENGINEER

Name:	Sebago Technics
Address:	75 John Roberts Rd. Ste. 1A
City/State:	South Portland, ME
Zip Code:	04106
Work #:	207-200-2100
Home #:	?
Cell #:	207-939-1809
Fax #:	207-856-2206
E-mail:	rmcsorley@sebagotechnics.com

SURVEYOR

Name:	Sebago Technics
Address:	75 John Roberts Rd. Ste. 1A
City/State:	South Portland, ME
Zip Code:	04106
Work #:	207-200-2100
Home #:	?
Cell #:	207-939-1809
Fax #:	207-856-2206
E-mail:	rmcsorley@sebagotechnics.com

ARCHITECT

Name:	Lenity Architecture
Address:	3150 Kettle Court SE
City/State:	Salem, OR
Zip Code:	97301
Work #:	503-399-1090
Home #:	?
Cell #:	503-480-8649
Fax #:	503-399-0565
E-mail:	danp@lenityarchitecture.com

ATTORNEY

Name:	N/A
Address:	
City/State:	
Zip Code:	
Work #:	
Home #:	
Cell #:	
Fax #:	
E-mail:	

DESIGNATED PERSON(S) FOR UPLOADING INTO e-PLAN

Name:	Leanne Lewis
E-mail:	clewis@colson-colson.com
Name:	
E-mail:	
Name:	
E-mail:	

III. APPLICATION FEES

ADMINISTRATIVE AUTHORIZATION

<input type="checkbox"/>	Administrative Authorization	\$50.00
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IV. CRITERIA FOR AN ADMINISTRATIVE AUTHORIZATION (see Section 14-523(4) on the first page)


CRITERIA FOR AN ADMINISTRATIVE AUTHORIZATION		Applicant's Assessment		
		Y (yes)	N (no)	N/A
a)	Is the proposal within the existing structure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b)	Are there any new buildings, additions, or demolitions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c)	Is the footprint increase less than 500 sq. ft.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	Are there any new curb cuts, driveways or parking areas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e)	Are the curbs and sidewalks in sound condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f)	Do the curbs and sidewalks comply with ADA?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g)	Is there any additional parking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h)	Is there an increase in traffic?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i)	Are there any known stormwater problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j)	Does sufficient property screening exist?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k)	Are there adequate utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l)	Are there any zoning violations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m)	Is an emergency generator located to minimize noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n)	Are there any noise, vibration, glare, fumes or other impacts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

VI. APPLICANT SIGNATURE

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a *legal signature* per Maine state law.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Planning Authority and Code Enforcement's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

The granting of an Administrative Authorization, to exempt a development from site plan review, does not exempt this proposal from other required approvals or permits. It is not a permit to begin construction. An approved site plan, a Performance Guarantee, Inspection Fee, Building Permit, and associated fees will be required prior to construction. Other Federal, State or local permits may be required prior to construction, which are the responsibility of the applicant to obtain.

Signature of Applicant:	
Date:	2-15-18