



**OREGON HOUSING *and*
COMMUNITY SERVICES**

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503-986-2000 | www.oregon.gov/OHCS

Covered Activity Notification

Portfolio Administration File

CDM Memorandum 8.2

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Form N1

**Notification of Intent to Perform Covered Activity on
OHCS Portfolio Asset**

A. General Information		
01	Notification Date:	(Month 00, 0000)
02	Property Name:	
03	Property Address:	
B. Owner / Owner Representative		
01	Name:	
02	Telephone No:	
03	Email Address:	
04	<p><u>Acknowledgment:</u> My signature below acknowledges that this Notification has been made with my knowledge.</p> <div style="border: 1px solid black; padding: 10px; width: fit-content;"> <p style="font-size: 2em; margin: 0;">X</p> </div>	
C. Property Description		
01	Original Construction Date:	(Month 00, 0000)
02	Rehabilitation Date:	(Month 00, 0000)
03	Number of Dwelling Units:	
04	Primary Clientele:	
05	Current/Prior Funding Sources:	

Department Use	
	00/00/00
Date Received	
AMC Portfolio ID	
Notes:	
Internal Notifications / Dates:	
Architect	<input type="checkbox"/> 00/00/00
CO	<input type="checkbox"/> 00/00/00

D. Project Definition	
Please provide a brief response to the items listed below. You may attach additional sheets to this Notification Form if needed. Information provided on additional sheets must reference the appropriate item number given in the left column of this form.	
01	Reason for Work:
02	Initial Project Description: (Brief Overview Only)
03	Initial Cost Estimate Figure:
04	Desired Construction Start date: (Month 00, 0000)
05	Proposed Sources of Funding:
06	Funders other than OHCS (If Applicable)
07	Impact on Residents During Construction:

Department Use Only
 Section E (below) to be completed by the AMA

After the Department has received sections A through D of this form from the notifying party, the Department's assigned AMA will identify Department requirements below. This list identifies only a portion of all project information that may be required by the AMA over the course of the project. The AMA may adjust project requirements at any time (add, modify, remove) as they deem appropriate to the specific nature of the proposed project.

E. Department Requirments			
Pre-Construction			Comment
01	<input type="checkbox"/>	Lic. Architect Consultation	
02	<input type="checkbox"/>	Construction Drawings & Specifications	
03	<input type="checkbox"/>	GC Contract (AIA Form Required)	
04	<input type="checkbox"/>	Proposed Project Funding	
05	<input type="checkbox"/>	CNA / PCA	
06	<input type="checkbox"/>	Contractor's Cost Estimate with Schedule of Values	
07	<input type="checkbox"/>	Contractor's Fee or Bid	
08	<input type="checkbox"/>	Project Schedule	
09	<input type="checkbox"/>	Department Written Approval to Commence Construction	
During Construction			Comment
10	<input type="checkbox"/>	Lic. Architect Construction Observation & Field Reports	
11	<input type="checkbox"/>	Draw Requests	
12	<input type="checkbox"/>	AIA G702 and AIA G703 (General Contractor Payment Application)	
13	<input type="checkbox"/>	Change Order Requests	
At Construction Completion			Comment
14	<input type="checkbox"/>	Certificate of Substantial Completion	
15	<input type="checkbox"/>	County/City Code Authority Sign-Offs	
16	<input type="checkbox"/>	Architect's Punch List	
17	<input type="checkbox"/>	Department Final Inspection Site Visit	
18	<input type="checkbox"/>	Photographs	