

# Notice of Agency Rule-making Proposal

**AGENCY: Maine Department of Environmental Protection**

**RULE TITLE OR SUBJECT: Amendment of *Significant Wildlife Habitat*, 06-096 CMR 335.**

**PROPOSED RULE NUMBER: 98-P**

(LEAVE BLANK - ASSIGNED BY SECRETARY OF STATE):

**CONCISE SUMMARY**

The proposed amendments are intended (1) to update text to be consistent with recent statutory changes, and (2) to make other corrections, clarifications and minor changes. This rulemaking is not intended to set significant new policy.

**THIS RULE WILL\_\_ WILL NOT\_X\_ HAVE A FISCAL IMPACT ON MUNICIPALITIES.**

**STATUTORY AUTHORITY:** 38 M.R.S.A. §§341-D(1-B); 38 M.R.S.A. 480-A – 480-FF; PL 2007, ch. 290, An Act Concerning the Natural Resources Protection Laws and Related Provisions; PL 2007, ch. 527, An Act to Expand the Natural Resources Protection Act Compensation Program; PL 2007, ch. 533, An Act to Streamline the Administration of Significant Vernal Pool Habitat.

**PUBLIC HEARING:**

A public hearing is not planned. A request for a hearing must be in writing, directed to the agency contact person listed below, and received by the comment deadline below.

**DEADLINE FOR COMMENTS: December 1, 2008 at 5:00 pm**

Comments may be submitted by mail, e-mail or fax to the contact person listed below. To ensure the comments are considered, they must include your name and the organization you represent, if any. A copy of the rule is available upon request from the contact below, and on the web at: <http://www.maine.gov/dep/blwq/rule.htm>

A copy of the small business economic impact statement may be obtained from the contact below.

<b>AGENCY CONTACT PERSON:</b>	Hetty Richardson
<b>AGENCY NAME:</b>	Maine Department of Environmental Protection
<b>ADDRESS:</b>	17 State House Station Augusta, Maine 04333-0017
<b>TELEPHONE:</b>	207-287-7799
<b>EMAIL:</b>	<a href="mailto:Hetty.L.Richardson@maine.gov">Hetty.L.Richardson@maine.gov</a>
<b>FAX:</b>	207-287-7826

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Please approve bottom portion of this form and  
assign appropriate MFASIS number.

APPROVED FOR PAYMENT \_\_\_\_\_ DATE: \_\_\_\_\_  
*Authorized signature*

FUND	AGENCY	ORG	APP	JOB	OBJT	AMOUNT
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