



Please check the appropriate box and refer to supplemental forms for submittal requirements. All fees must be paid at the time of application.

Administrative Decisions	Decisions Requiring a Public Meeting or Hearing	Policy Decisions
<input type="checkbox"/> Archaeological Certificate (Form P3)	<input type="checkbox"/> Site Plan – EPC including any Variances – EPC (Form P1)	<input type="checkbox"/> Adoption or Amendment of Comprehensive Plan or Facility Plan (Form Z)
<input type="checkbox"/> Historic Certificate of Appropriateness – Minor (Form L)	<input type="checkbox"/> Master Development Plan (Form P1)	<input type="checkbox"/> Adoption or Amendment of Historic Designation (Form L)
<input type="checkbox"/> Alternative Signage Plan (Form P3)	<input type="checkbox"/> Historic Certificate of Appropriateness – Major (Form L)	<input type="checkbox"/> Amendment of IDO Text (Form Z)
<input checked="" type="checkbox"/> Minor Amendment to Site Plan (Form P3)	<input type="checkbox"/> Demolition Outside of HPO (Form L)	<input type="checkbox"/> Annexation of Land (Form Z)
<input type="checkbox"/> WTF Approval (Form W1)	<input type="checkbox"/> Historic Design Standards and Guidelines (Form L)	<input type="checkbox"/> Amendment to Zoning Map – EPC (Form Z)
	<input type="checkbox"/> Wireless Telecommunications Facility Waiver (Form W2)	<input type="checkbox"/> Amendment to Zoning Map – Council (Form Z)
		Appeals
		<input type="checkbox"/> Decision by EPC, LC, ZHE, or City Staff (Form A)

APPLICATION INFORMATION

Applicant: Lucas Rogers - SDB Contracting Services		Phone: 480-967-5810
Address: 1001 S. Edward Drive		Email: Lucas.Rogers@sdb.com
City: Tempe	State: AZ	Zip: 85281
Professional/Agent (if any): Warren Callahan - SSOE Group		Phone: 205-397-2328
Address: 2204 Lakeshore Drive, Suite 110		Email: wcallahan@ssoe.com
City: Homewood	State: AL	Zip: 35209
Proprietary Interest in Site: Rehabilitation Hospital	List all owners: Encompass Health	

BRIEF DESCRIPTION OF REQUEST

Site plan revisions for final approval of revised landscaping.

SITE INFORMATION (Accuracy of the existing legal description is crucial! Attach a separate sheet if necessary.)

Lot or Tract No.: TR 4A & 4B1	Block:	Unit: 5
Subdivision/Addition: Interstate Indl 04-a Un 05	MRGCD Map No.: 28	UPC Code: 10-170-6335602140320
Zone Atlas Page(s): D-17-Z	Existing Zoning: MX-H	Proposed Zoning: N/A (No Change)
# of Existing Lots: 2	# of Proposed Lots: N/A (No Change)	Total Area of Site (acres): 6.6578

LOCATION OF PROPERTY BY STREETS

Site Address/Street: 7000 Jefferson NE Between: Ellison St. NE and: Osuna Rd. NE

CASE HISTORY (List any current or prior project and case number(s) that may be relevant to your request.)

Building Permit # BP-2019-36690

Signature: *Warren Callahan* Date: *07/28/2020*
 Printed Name: Warren Callahan Applicant or Agent

FOR OFFICIAL USE ONLY

Case Numbers	Action	Fees	Case Numbers	Action	Fees

Meeting/Hearing Date: _____ Fee Total: _____
 Staff Signature: _____ Date: _____ Project #: _____

June 10, 2020

City of Albuquerque Planning Department
C/O Maggie Gould or Jay Rodenback
600 2nd Street NW, Ground Floor
Albuquerque, NM 87102

RE: LETTER OF AUTHORIZATION / DESIGNATED AGENT

ENCOMPASS HEALTH REHABILITATION HOSPITAL OF ALBUQUERQUE
7000 Jefferson NE
Albuquerque, NM 87109
SSOE Group Project # 019-00712-00

To whom it may concern:

Our facility, listed above, has been constructing an ADA upgrade project. The project included minor renovations to make ADA corrections to the existing patient room toilets and several public toilets throughout the facility as well as site improvements to the existing ADA parking and new landscaping.

Our designated agent / architectural firm for the project is SSOE Group in Birmingham, AL. They are authorized to submit any required information to the various agencies / departments as needed on our behalf. If you have any questions please contact Warren Callahan with SSOE Group at 205-323-2373.

Thank you,



Rachelle Spencer, CEO
Encompass Health Rehabilitation Hospital of Albuquerque

July 28, 2020

City of Albuquerque Planning Department
C/O Annette V. Ortiz – Planning Assistant II
600 2nd Street NW
Ground Floor
Albuquerque, NM 87102

RE: JUSTIFICATION LETTER FOR ADMINISTRATIVE AMENDMENT

ORIGINAL PERMIT # BP-2019-36690

ENCOMPASS HEALTH REHABILITATION HOSPITAL OF ALBUQUERQUE
7000 Jefferson NE
Albuquerque, NM

SSOE Group Project # 019-00712-00

To whom it may concern:

The facility, listed above, has been undergoing an ADA upgrade project. The project included minor renovations to make ADA corrections to the existing patient room toilets and several public toilets throughout the facility as well as site improvements to the existing ADA parking and new landscaping. Items discovered during construction of the exterior caused the landscaping to require revisions in order to meet the current City of Albuquerque requirements. The new revised landscape plan were submitted separately for review and approval. We would like to amend the original drawings to include the new landscaping plan. Our understanding is that this is required to get our final approval and sign offs for the project.

We are the designated architectural firm for the project and have been working with SDB Contracting Services. They are also authorized to submit any required additional information to the various agencies / departments as needed on the clients' behalf. If you have any questions please contact me at 205-323-2373 or call my cell at 205-369-2208.

Thank you,

Warren Callahan

Warren Callahan, RAS

SSOE Group

CITY STAMP:

SEAL ON THIS DOCUMENT AUTHORIZED BY:



PROJECT INFORMATION:

**ADA CORRECTIONS
 Rehabilitation Hospital
 of Albuquerque**
 7000 Jefferson NE
 Albuquerque, NM 87109

CLIENT INFORMATION:



9001 Liberty Parkway
 Birmingham, AL 35242

CLIENT PROJECT NO:

NO.	DATE	SUBJECT
3	02-27-20	CHANGE 3
2	02-21-20	CHANGE 2
1	12-06-19	RFI 1

NO.	DATE	SUBJECT
REVISION OR ISSUE		

SSOE, Inc.
 Lakeshore Park Plaza
 2204 Lakeshore Drive, Suite 110
 Homewood, AL 35209
 T 205-323-2373

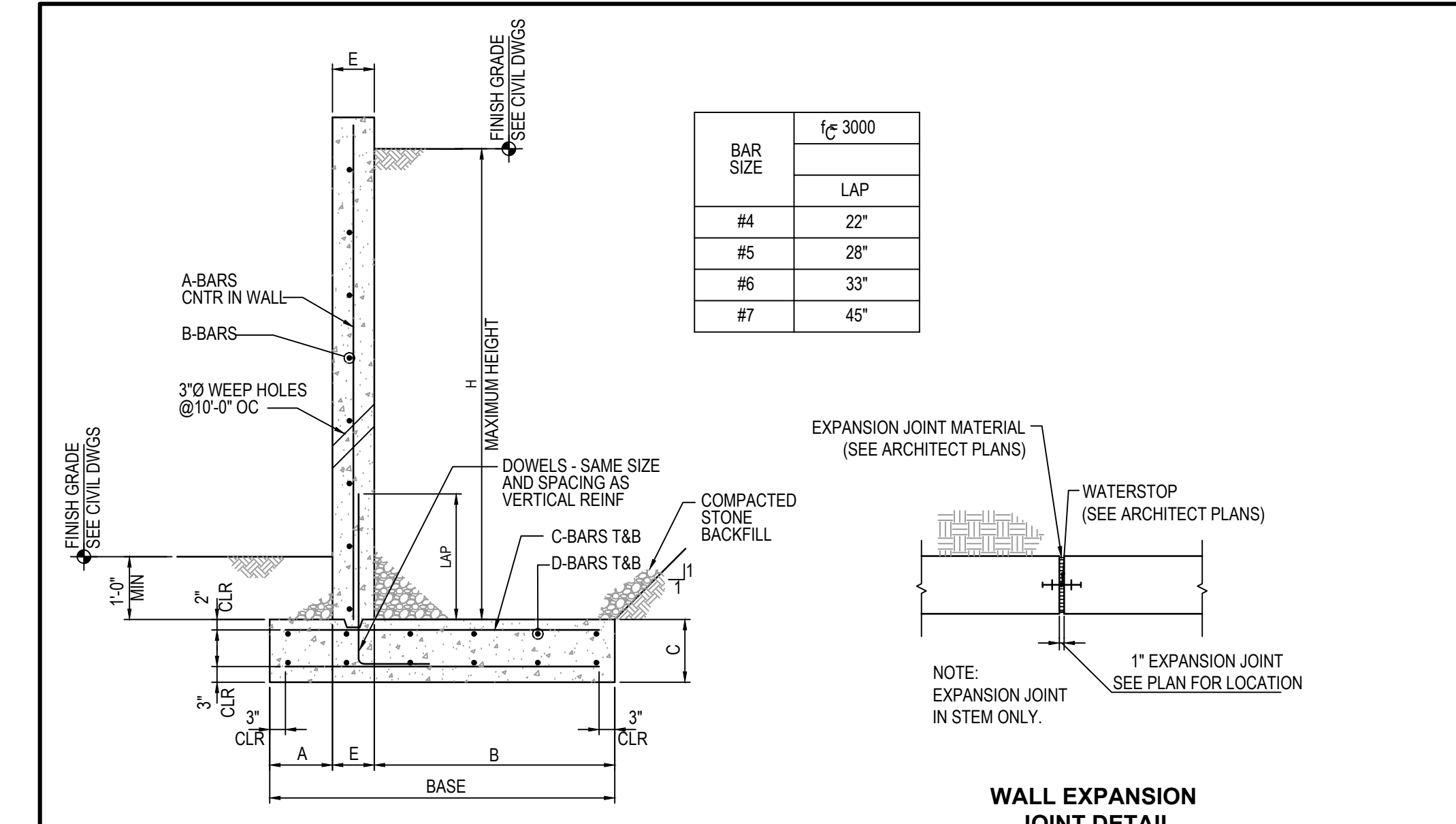
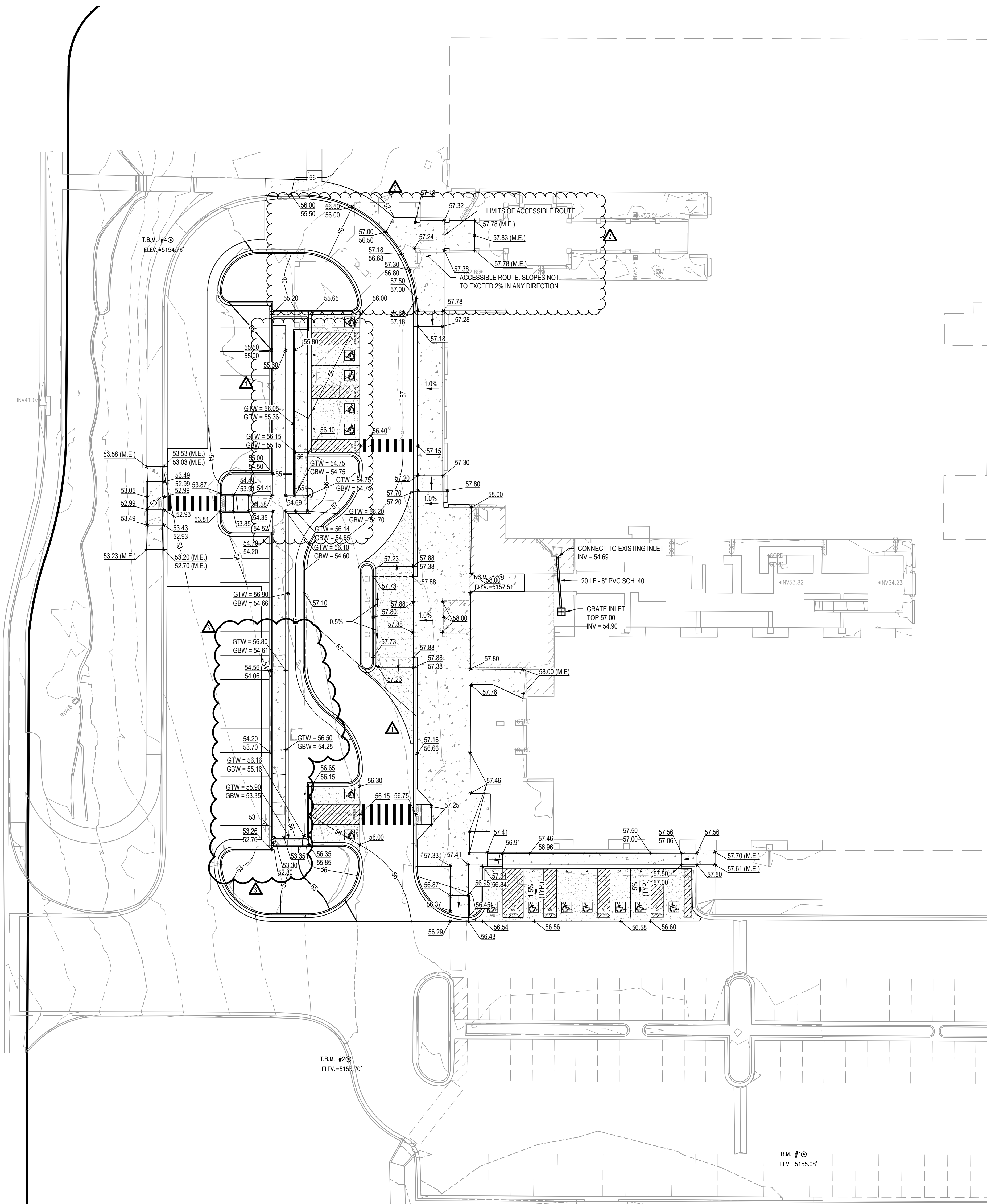
PROJECT NO: **019-00712-00**
 PROJECT MANAGER: DEREK MCCARTY
 DESIGNED: LANDON BOGGS
 CHECKED: CURTIS EATMAN

DRAWING TITLE:
GRADING PLAN

DRAWING NO:
C3.0

GRADING NOTES:

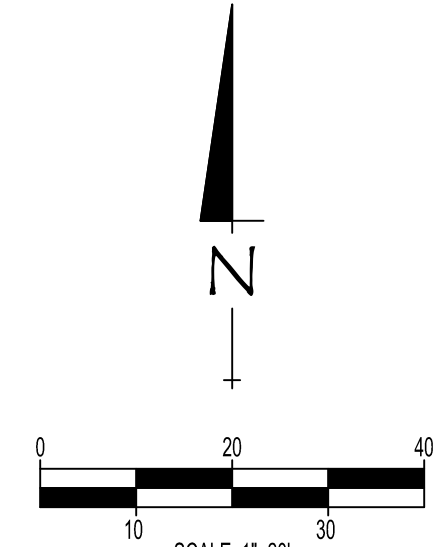
1. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROVIDING COMPACTION TESTING.
2. ALL TOPSOIL SHALL BE STRIPPED WITHIN THE PROPOSED LIMITS OF GRADING AND SHALL BE STOCKPILED ON-SITE IN AN APPROVED LOCATION FOR LATER USE WITH ANY EXCESS TO BE DISPOSED OF OFF-SITE ONCE ALL LANDSCAPED AREAS HAVE BEEN BROUGHT TO FINISH GRADE UNLESS OTHERWISE NOTED ON THE PLANS.
3. SUBGRADE SHALL BE PROOF ROLLED WITH A HEAVILY LOADED DUMP TRUCK AND APPROVED BY THE GEOTECHNICAL ENGINEER PRIOR TO PLACING FILL. ANY AREAS SHOWING SIGNS OF PUMPING, RUTTING, OR ANY UNSUITABLE (ORGANIC, SOFT, WET, LOOSE) MATERIAL FOUND IN PLACE SHALL BE UNDERCUT AND REPLACED, OR MOISTURE CONDITIONED AND COMPACTED TO THE SPECIFIED DENSITY AND MOISTURE CONTENT LISTED BELOW.
4. CONTRACTOR SHALL BE RESPONSIBLE FOR RESTORING THE SUBGRADE AFTER IT HAS BEEN INITIALLY PREPPED DUE TO INCLEMENT WEATHER AND CONSTRUCTION TRAFFIC.
5. FILL MATERIAL SHALL HAVE THE FOLLOWING PROPERTIES: VIRTUALLY FREE OF ORGANICS, NO ROCK FRAGMENTS GREATER THAN 4" WITHIN 4" OF FINISH GRADE. LIQUID LIMIT NOT EXCEEDING 50, PLASTICITY INDEX NOT EXCEEDING 30, MINIMUM STANDARD PROCTOR (ASTM D-698) OF 100 PCF. COMPACTED 95% IN PAVED AND STRUCTURAL AREAS, 95% NON-STRUCTURAL AND LANDSCAPED AREAS, PLACED IN 8" LOOSE LIFTS, AND WITHIN ±2.0% OF OPTIMUM MOISTURE CONTENT. STRUCTURAL AREAS INCLUDE ZONES OF INFLUENCE AROUND THE BUILDING, PAVEMENT AREAS, FILL SLOPES, ETC.
6. COMPACTION TESTS SHALL BE TAKEN AT THE RECOMMENDATION OF THE ON-SITE GEOTECHNICAL ENGINEER, BUT AT A MINIMUM EVERY 2,500 SQUARE FEET OF AREA PER 1' LIFT.
7. COMPACTION WITHIN LIMITED SPACES (I.E. MANHOLES, INLETS, UTILITY TRENCHES) SHOULD BE BACKFILLED AND COMPACTED SYSTEMATICALLY, AT THE DIRECTION OF THE ON-SITE GEOTECHNICAL ENGINEER. STONE BACKFILL SHALL BE INSTALLED IN 12" LOOSE LIFTS AND COMPACTED WITH 6-8 PASSES OF A VIBRATORY COMPACTOR.
8. CLEARING LIMITS SHALL BE 5' OUTSIDE OF ALL PROPOSED GRADED AREAS OR NOT BEYOND THE PROPERTY LINES WHICHEVER IS LESS.
9. NO GRADING OFF-SITE OR IN ANY ROAD RIGHT-OF-WAY WITHOUT PROPER APPROVALS AND PRIOR NOTIFICATION.
10. COORDINATE THE SEQUENCING OF ALL GRADING OPERATIONS WITH THE EROSION CONTROL PLAN.
11. THE MAXIMUM SLOPE IN HANDICAP PARKING AREAS SHALL NOT EXCEED 2.0% GRADE IN ANY DIRECTION, SLOPE IN THE DIRECTION OF TRAVEL IN ALL HANDICAP ACCESS ROUTES SHALL NOT EXCEED 5.0% GRADE AND 2.0% CROSS SLOPE.
12. ALL GRADING ADJACENT TO EXISTING OR PROPOSED BUILDINGS SHALL BE SLOPED AWAY FROM THE STRUCTURES AT A MINIMUM OF 1.0% GRADE. THE CONTRACTOR SHALL ENSURE POSITIVE DRAINAGE AWAY FROM THE STRUCTURES. NOTIFY LBVD OF ANY DISCREPANCIES.
13. PROPOSED GRADES INDICATED ON THIS PLAN ARE TO FINISH GRADE. THE CONTRACTOR SHALL MAKE SUBGRADE ADJUSTMENTS FOR TOPSOIL, PAVING, BUILDING PAD, ETC.
14. ALL PROPOSED STORM INLETS (GRATES, CURB, YARD, AREA DRAINS) SHALL BE LOCATED AT THE LOWPOINTS. GRADING SHALL BE TO DIRECT RUNOFF TO THESE INLETS. NOTIFY LBVD OF ANY DISCREPANCIES.
15. STORM DRAINAGE SYSTEMS SHALL BE CONSTRUCTED FROM DOWNSTREAM TO UPSTREAM. VERIFY ALL PIPE SLOPES, INVERTS, AND POINTS OF CONNECTION PRIOR TO CONSTRUCTION. NOTIFY LBVD OF ANY DISCREPANCIES.
16. RETAINING WALL GRADES: GTW INDICATES FINISHED GRADE AT TOP OF WALL, GBW INDICATES FINISHED GRADE AT BOTTOM OF WALL. SEE DETAIL FOR FOOTING ELEVATIONS RELATIVE TO FINISHED GRADE AT BOTTOM OF WALL.
17. NO GEOTECHNICAL REPORT IS AVAILABLE FOR THIS PROJECT. THE CONTRACTOR SHALL VISIT THE SITE AND COMPLETE ANY EXPLORATIONS THAT IT FEELS NECESSARY IN ORDER TO PROVIDE A SATISFACTORY BID.



8" WALL SECTION
 N.T.S.

ALLOWABLE SOIL BEARING PRESSURE	SOIL ACTIVE PRESSURE	SURCHARGE	Cantilever Retaining Walls Schedule										
			CONCRETE DIMENSIONS				REINFORCEMENT						
			A	B	BASE	C	D	E	A-BARS	B-BARS	C-BARS	D-BARS	E-BARS
2000 PSF	30 PCF	50	0'-6"	1'-0"	2'-2"	1'-0"	---	8'	#4@12	#4@12	#4@12	#4@12	---
	45 PCF	50	0'-6"	1'-0"	2'-2"	1'-0"	---	8'	#4@12	#4@12	#4@12	#4@12	---

NOTE: ADD WALL EXPANSION JOINT IF WALL IS LONGER THAN 50 FEET. IF EXPOSED SURFACE OF WALL IS TALLER THAN 42", FENCE MUST BE CORED INTO TOP OF WALL.



CITY OF ALBUQUERQUE
PLANNING

These plans have been reviewed
for code compliance and are:

APPROVED City of Albuquerque

The Approval of these plans shall not
be construed to be a permit for any
violations of any code or ordinance
of this city.

Planning Department
Development & Building Services Division

PERMIT # **BP-2019-36690** ENGINEERING AND TRANSPORTATION INFORMATION SHEET (REV 6/2018)

DATE: **01/03/20**
Project Title: **Encampas Health** Building Permit #: **BP-2019-36690** Hydrology File #: **D170061A**
DRB#: _____ EPC#: _____ Work Order#: _____
A printed copy of these plans shall be on the job site for all requested inspections.

Legal Description: _____
City Address: **7000 Jefferson NE**

Applicant: **SDB, Inc.** Contact: **Ron Blackwell**
Address: **4951 Airport Parkway, Suite 800 Addison, TX 75001**
Phone#: **214-770-9949** Fax#: **480-967-5841** E-mail: **Ron.Blackwell@SDB.com**

Other Contact: **LBYD, Inc.** Contact: **Landon Boggs**
Address: **880 Montclair Road, Stte 600 Birmingham, AL 35213**
Phone#: **205-488-4630** Fax#: _____ E-mail: **lboggs@lbyd.com**

TYPE OF DEVELOPMENT: _____ PLAT (# of lots) _____ RESIDENCE _____ DRB SITE _____ ADMIN SITE
IS THIS A RESUBMITTAL? _____ Yes **XX** No
DEPARTMENT **XX** TRANSPORTATION _____ HYDROLOGY/DRAINAGE

- Check all that Apply:
- | | |
|---|---|
| <p>TYPE OF SUBMITTAL:</p> <p>_____ ENGINEER/ARCHITECT CERTIFICATION</p> <p>_____ PAD CERTIFICATION</p> <p>_____ CONCEPTUAL G & D PLAN</p> <p>_____ GRADING PLAN</p> <p>_____ DRAINAGE REPORT</p> <p>_____ DRAINAGE MASTER PLAN</p> <p>_____ FLOODPLAIN DEVELOPMENT PERMIT APPLIC</p> <p>_____ ELEVATION CERTIFICATE</p> <p>_____ CLOMR/LOMR</p> <p>XX TRAFFIC CIRCULATION LAYOUT (TCL)</p> <p>_____ TRAFFIC IMPACT STUDY (TIS)</p> <p>_____ STREET LIGHT LAYOUT</p> <p>_____ OTHER (SPECIFY) _____</p> <p>_____ PRE-DESIGN MEETING?</p> | <p>TYPE OF APPROVAL/ACCEPTANCE SOUGHT:</p> <p>XX BUILDING PERMIT APPROVAL</p> <p>_____ CERTIFICATE OF OCCUPANCY</p> <p>_____ PRELIMINARY PLAT APPROVAL</p> <p>_____ SITE PLAN FOR SUB'D APPROVAL</p> <p>XX SITE PLAN FOR BLDG. PERMIT APPROVAL</p> <p>_____ FINAL PLAT APPROVAL</p> <p>_____ SIA/ RELEASE OF FINANCIAL GUARANTEE</p> <p>_____ FOUNDATION PERMIT APPROVAL</p> <p>_____ GRADING PERMIT APPROVAL</p> <p>_____ SO-19 APPROVAL</p> <p>_____ PAVING PERMIT APPROVAL</p> <p>_____ GRADING/ PAD CERTIFICATION</p> <p>_____ WORK ORDER APPROVAL</p> <p>_____ CLOMR/LOMR</p> <p>_____ FLOODPLAIN DEVELOPMENT PERMIT</p> <p>_____ OTHER (SPECIFY) _____</p> |
|---|---|

DATE SUBMITTED: **09-30-19** By: **Ron Blackwell**

COA STAFF: _____ ELECTRONIC SUBMITTAL RECEIVED: _____
FEE PAID: _____ (\$225.00)

CITY OF ALBUQUERQUE



Mayor Timothy M. Keller



These plans have been reviewed for code compliance and are:

Breannon Williams, Director

The Approval of these plans shall not be construed to be a permit for any violations of any code or ordinance of this city.

PERMIT #: **BP-2019-36690**

DATE: **01/03/20**

A printed copy of these plans shall be on the job site for all requested inspections.

SDB, inc.

4951 Airport Parkway, Suite 800

Addison, TX 75001

RE: **Encompass Health**
7000 Jefferson NE
Grading Plan Stamp Date: 10/17/19
Hydrology File: D17D061A

Dear Mr. Coley:

Based on the submittal received on 12/2/19, this project is approved for Building Permit.

PO Box 1293

If you have any questions, please contact me at 924-3695 or dpeterson@cabq.gov.

Albuquerque

Sincerely,

NM 87103

A handwritten signature in black ink, appearing to read "Dana Peterson".

Dana Peterson, P.E.
Senior Engineer, Planning Dept.
Development Review Services

www.cabq.gov

FORM P3: ADMINISTRATIVE DECISIONS AND MINOR AMENDMENTS

A Single PDF file of the complete application including all documents being submitted must be emailed to PLNDRS@cabq.gov prior to making a submittal. Zipped files or those over 9 MB cannot be delivered via email, in which case the PDF must be provided on a CD. PDF *shall be organized* with the Development Review Application and this Form P3 at the front followed by the remaining documents *in the order provided on this form*.

ARCHEOLOGICAL CERTIFICATE

- PDF of application as described above
 - Zone Atlas map with the entire site clearly outlined and labeled
 - Letter of authorization from the property owner if application is submitted by an agent
 - Archaeological Compliance Documentation Form with property information section completed
- Note: Only the information above is required unless the City Archaeologist determines that the application does not qualify for a Certificate of No Effect, in which case a treatment plan prepared by a qualified archaeologist that adequately mitigates any archeological impacts of the proposed development must be submitted and reviewed for a Certificate of Approval per the criteria in IDO Section 14-16-6-5(A)(3)(b)

MINOR AMENDMENT TO SITE PLAN – ADMIN, EPC, or DRB

- PDF of application as described above
 - Zone Atlas map with the entire site clearly outlined and labeled
 - Letter of authorization from the property owner if application is submitted by an agent
 - Justification letter describing, explaining, and justifying the request per the criteria in IDO Section 14-16-6-4(X)(2)
 - One copy of all applicable sheets of the approved Site Plan being amended, folded
 - Copy of the Official Notice of Decision associated with the prior approval
 - Three (3) copies of the proposed Site Plan, with changes circled and noted
- Refer to the Site Plan Checklist for information needed on the proposed Site Plan.*

Minor Amendments must be within the thresholds established in IDO TABLE 6-4-5. Any amendment beyond these thresholds is considered a Major Amendment and must be processed through the original decision-making body for the request.

MINOR AMENDMENT TO SITE DEVELOPMENT PLAN APPROVED PRIOR TO THE EFFECTIVE DATE OF THE IDO

- PDF of application as described above
 - Zone Atlas map with the entire site clearly outlined and labeled
 - Letter of authorization from the property owner if application is submitted by an agent
 - Justification letter describing, explaining, and justifying the request per the criteria in IDO Section 14-16-6-4(Y)(1)(a)
 - One copy of all applicable sheets of the approved Site Development Plan being amended, folded
 - Copy of the Official Notice of Decision associated with the prior approval
 - Three (3) copies of the proposed Site Plan, with changes circled and noted
- Refer to the Site Plan Checklist for information needed on the proposed Site Plan.*


Minor Amendments must be within the thresholds established in IDO TABLE 6-4-5. Any amendment beyond these thresholds is considered a Major Amendment and must be processed through the original decision-making body for the request.

ALTERNATIVE SIGNAGE PLAN

- PDF of application as described above
- Zone Atlas map with the entire site clearly outlined and labeled
- Letter of authorization from the property owner if application is submitted by an agent
- Proposed Alternative Signage Plan compliant with IDO Section 14-16-5-12(F)(5)
- Justification letter describing, explaining, and justifying the request per the criteria in IDO Section 14-16-6-5(F)(4)(c)
- Required notices with content per IDO Section 14-16-6-4(K)(6)
 - Office of Neighborhood Coordination notice inquiry response and proof of emailed notice to affected Neighborhood Association representatives
 - Sign Posting Agreement

I, the applicant or agent, acknowledge that if any required information is not submitted with this application, the application will not be scheduled for a public meeting or hearing, if required, or otherwise processed until it is complete.

Signature: <i>Warren Callahan</i>	Date: <i>07/29/2020</i>
Printed Name: Warren Callahan	<input type="checkbox"/> Applicant or <input checked="" type="checkbox"/> Agent

FOR OFFICIAL USE ONLY	
Case Numbers:	Project Number:
Staff Signature:	
Date:	