



CITY OF ALBUQUERQUE INVOICE

STEPHEN T. MARCUM, PE SKYLINE CIVIL GROUP,
LLC

4414 82ND STREET

Reference NO: SI-2024-00484

Customer NO: CU-199984072

Date	Description	Amount
4/08/24	2% Technology Fee	\$1.50
4/08/24	Application Fee	\$75.00

Due Date: **4/08/24**

Total due for this invoice:

\$76.50

Options to pay your Invoice:

1. Online with a credit card: <https://posse.cabq.gov/posse/pub/lms/Default.aspx>
2. In person: Plaza Del Sol, 600 2nd St. NW, Albuquerque, NM 87102

PLEASE RETURN THE BOTTOM PORTION OF THIS INVOICE NOTICE WITH PAYMENT



City of Albuquerque
PO Box 1293
Albuquerque, NM 87103

Date: 4/08/24
Amount Due: **\$76.50**
Reference NO: SI-2024-00484
Payment Code: 130
Customer NO: CU-199984072

STEPHEN T. MARCUM, PE SKYLINE CIVIL
GROUP, LLC
4414 82ND STREET
LUBBOCK, TX 79424



130 0000SI20240048400099355120159308400000000000000765CU199984072



Your transaction is complete – Thank you!

Your request for payment has been received.

An additional confirmation will be sent to your email account if it was provided with the payment.

Your Reference Number: **2024099007-17**

04/09/2024 10:41:15 AM

Total Amount:	\$78.60
Building Permits, Business Registrations, Code Enforcement Permits and Planning Applications 2024099007-17-1 NAME: STEPHEN T. MARCUM, PE SKYLINE CIVIL GROUP, LLC - CU199984072 CUSTOMER NUMBER: CU199984072	\$76.50
Permit Information PERMIT NUMBER: SI-2024-00484 PERMIT DESCRIPTION: PL002: Planning: Application Fee (Site Improvement Plan) NAME: STEPHEN T. MARCUM, PE SKYLINE CIVIL GROUP, LLC - CU199984072	\$75.00
Permit Information PERMIT NUMBER: SI-2024-00484 PERMIT DESCRIPTION: TF001: Planning: Technology Fee Application (Site Improvement Plan) NAME: STEPHEN T. MARCUM, PE SKYLINE CIVIL GROUP, LLC - CU199984072	\$1.50
American Express Service Fee 2024099007-17-4	\$2.10
American Express Credit Sale M CARD NUMBER: *****1002 LAST NAME: Marcum	\$76.50
American Express Service Fee Credit Sale M CARD NUMBER: *****1002 LAST NAME: Marcum	\$2.10
Total Amount:	\$78.60



CE2024099007-17

Payment processing disclaimer. Set me in Workgroup Config

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Stormwater Quality Plan Information Sheet and Inspection Fee Schedule

Project Name: _____

Project Location: (address or major cross streets/arroyo) _____

Plan Preparer Information:

Company: _____

Contact: _____

Address: _____

Phone Number: (O) _____ (Cell (optional)) _____

e-Mail: _____

Property Owner Information:

Company: _____

Contact: _____

Address: _____

Phone: _____

e-Mail: _____

I am submitting the ESC Plan (SWPPP map) and NOI to obtain approval for:

___ Grading ___ Building Permit ___ Work Order Construction Plans

Note: More than one item can be checked for a submittal

___ I am submitting the SWPPP map and NOT to obtain a Stabilization Determination

Stormwater Quality Inspection fee: (based on development type and disturbed area)

Commercial BP	< 2 acres \$300 <input type="checkbox"/>	2 to 5 acres \$500 <input type="checkbox"/>	>5 acres \$800 <input type="checkbox"/>
Work Order (WO)	< 5 acres \$300 <input type="checkbox"/>	5 to 40 acres \$500 <input type="checkbox"/>	>40 acres \$800 <input type="checkbox"/>
Multi – family BP	< 5 acres \$500 <input type="checkbox"/>	>5 acres \$800 <input type="checkbox"/>	
Single Family Residential BP	<5 acres \$500 <input type="checkbox"/>	5 to 40 acres \$1000 <input type="checkbox"/>	> 40 acres \$1500 <input type="checkbox"/>

Plan Review fee is \$105 for the first submittal ☐ and \$75.00 for a resubmittal ☐

Total due equals the plan review fee plus the Stormwater Quality Inspection fee.

Total Due \$ _____

If you have questions, please contact Doug Hughes, Stormwater Quality 924-3420, jhughes@cabq.gov

Rev June 2023