



## 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](mailto:jhughes@cabq.gov)

Rev June 2023



# CITY OF ALBUQUERQUE INVOICE

TIERRA WEST LLC TIERRA WEST LLC

5571 MIDWAY PARK PLACE

Reference NO: SI-2024-01749

Customer NO: CU-161629248

Date	Description	Amount
12/16/24	2% Technology Fee	\$1.50
12/16/24	Application Fee	\$75.00

Due Date: **12/16/24**

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:** 12/16/24  
**Amount Due:** **\$76.50**  
**Reference NO:** SI-2024-01749  
**Payment Code:** 130  
**Customer NO:** CU-161629248

TIERRA WEST LLC TIERRA WEST LLC  
5571 MIDWAY PARK PLACE  
ALBUQUERQUE, NM 87109



130 0000SI202401749000993551216807237000000000000000765CU161629248

intended recipient of this message, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. Any unauthorized interception of this message is illegal under the law. If you have received this message in error, please immediately notify me by return message or by telephone and delete the original message from your email system. Thank you.

**From:** [NOREPLY\\_cabq@ipayment.com](mailto:NOREPLY_cabq@ipayment.com) <[NOREPLY\\_cabq@ipayment.com](mailto:NOREPLY_cabq@ipayment.com)>

**Sent:** Monday, December 16, 2024 2:02 PM

**To:** Donna Bohannon <[djb@tierrawestllc.com](mailto:djb@tierrawestllc.com)>

**Subject:** Payment Confirmation: 2024351001-29

**Receipt**

Your Reference Number:

**2024351001-29**

12/16/2024 1:59:04 PM

**TRANSACTIONS**

Building Permits, Business Registrations, Code Enforcement Permits  
and Planning Applications \$76.50  
2024351001-29-1

Name:  
TIERRA WEST LLC TIERRA WEST LLC - CU161629248  
Customer Number:  
CU161629248

Permit Information \$75.00

Permit Number:  
SI-2024-01749  
Permit Description:  
PL002: Planning: Application Fee (Site Improvement Plan)  
Name:  
TIERRA WEST LLC TIERRA WEST LLC - CU161629248

Permit Information \$1.50

Permit Number:  
SI-2024-01749  
Permit Description:  
TF001: Planning: Technology Fee Application (Site Improvement Plan)

Name:  
TIERRA WEST LLC TIERRA WEST LLC - CU161629248

Visa Service Fee  
2024351001-29-4 \$2.10

**TOTAL AMOUNT:\$78.60**

**PAYMENT**

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Visa Credit Sale M \$76.50

Card Number:  
\*\*\*\*\*0227

First Name:  
Donna

Last Name:  
Bohannon

Auth Code:  
01946G

Visa Service Fee Credit Sale M \$2.10

Card Number:  
\*\*\*\*\*0227

First Name:  
Donna

Last Name:  
Bohannon

Payment Type:  
credit

Auth Code:  
04802G

CE2024351001-29