



City of Albuquerque

Planning Department

Stormwater Control Permit for Erosion and Sediment Control

Project Title Smiles for Kids Dental Office Ph 2

Project Location (Major Cross Streets/Arroyo
or address) 9201 Eagle Ranch Rd NW

Property Owner: (Note: If applying for a Building Permit, the “Company” or “Owner” name on this form must match the “Owner” name on the Building Permit.)

Company Name or Owner Name: THR Properties LLC

Responsible Person: (Note: Name below may be the same as Owner Name above if there is no Company Name)

Name: Jim Tasker

Phone Number: 505-892-9010

E-mail: smilesnm@yahoo.com

Site Contact: (if different than Property Owner info above.)

Name: Dave Brown

Phone: 505-888-7927

e-mail: dave@insightnm.com

For City personnel use only:

Check boxes if plans/permit are approved:

☐ **ESC Plan** ☐ **Grading Plan** ☐ **Flood Plain Permit** (strike if not required)

City Personnel Signature: _____

(Rev February 2017)