



# Stormwater Quality Plan Information Sheet and Inspection Fee Schedule

**Project Name:** Christiansen Oral Surgery

**Project Location:** (address or major cross streets/arroyo)  
9378 Valley View Drive NW ABQ NM 87114

**Plan Preparer Information:**

Company: Inspections Plus LLC

Contact: Madelyn Schauer

Address: 504 El Paraiso Rd Suite B ABQ NM 87113

Phone Number: (O) 505-895-1547 (Cell (optional)) \_\_\_\_\_

e-Mail: projects@inspectionsplus.com

**Property Owner Information:**

Company: MFJ LLC

Contact: Jennifer Christiansen

Address: 4801 McMahon Blvd NW Suite 230

Phone: 505-934-8182

e-Mail: jenchristiansen505@gmail.com

**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 checked="" 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** \$375.00

If you have questions, please contact Doug Hughes, Stormwater Quality 924-3420, [jhughes@cabq.gov](mailto:jhughes@cabq.gov)

Rev June 2023

# INVOICE (INV-00060208) FOR CITY OF ALBUQUERQUE

**BILLING CONTACT**

Jennifer Christiansen  
MFJ LLC

Madelyn Schauer  
Inspections Plus LLC  
504 El Paraiso Rd NE Suite B  
Albuquerque, NM 87113



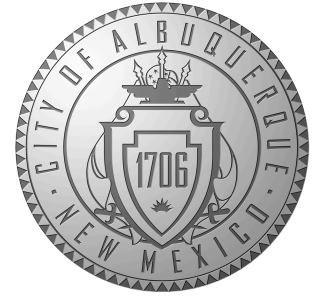
INVOICE NUMBER	INVOICE DATE	INVOICE DUE DATE	INVOICE STATUS	INVOICE DESCRIPTION
INV-00060208	11/14/2025	11/14/2025	Due	ESC Plan for Christensen Oral Surgery at 9378 Valley View Drive NW - C13E025F

REFERENCE NUMBER	FEE NAME	TOTAL
SWQ-2025-00055	Inspection Fee - Commercial BP < 2 acres	\$300.00
	Storm Water Quality Plan	\$105.00
	Technology Fee	\$28.35
9378 Valley View Dr Nw Albuquerque, NM 87114		<b>SUBTOTAL</b> \$433.35

REMITTANCE INFORMATION
PO Box 1293 Albuquerque NM, 87103 Attn: Planning Department

**TOTAL** **\$433.35**





# 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: **2025321001-29**

11/17/2025 9:02:57 AM

<b>Total Amount:</b>	<b>\$445.27</b>
<b>EPL Online Payment - EPL 2025321001-29-1</b>	<b>\$433.35</b>
<b>EPL Online Plan Fee Payment</b>	<b>\$300.00</b>
<b>INVOICE NUMBER:</b> INV-00060208	
<b>INVOICE DESCRIPTION:</b> ESC Plan for Christensen Oral Surgery at 9378 Valley View Drive NW - C13E025F	
<b>FEE NAME:</b> Inspection Fee - Commercial BP < 2 acres	
<b>EPL Online Plan Fee Payment</b>	<b>\$105.00</b>
<b>INVOICE NUMBER:</b> INV-00060208	
<b>INVOICE DESCRIPTION:</b> ESC Plan for Christensen Oral Surgery at 9378 Valley View Drive NW - C13E025F	
<b>FEE NAME:</b> Storm Water Quality Plan	
<b>EPL Online Plan Fee Payment</b>	<b>\$28.35</b>
<b>INVOICE NUMBER:</b> INV-00060208	
<b>INVOICE DESCRIPTION:</b> ESC Plan for Christensen Oral Surgery at 9378 Valley View Drive NW - C13E025F	
<b>FEE NAME:</b> Technology Fee	
<b>Mastercard Service Fee 2025321001-29-5</b>	<b>\$11.92</b>
<b>Mastercard Credit Sale M</b>	<b>\$433.35</b>
<b>CARD NUMBER:</b> *****0327	
<b>FIRST NAME:</b> Chip	
<b>LAST NAME:</b> Martin	
<b>Mastercard Service Fee Credit Sale M</b>	<b>\$11.92</b>
<b>CARD NUMBER:</b> *****0327	
<b>FIRST NAME:</b> Chip	
<b>LAST NAME:</b> Martin	
<b>PAYMENT TYPE:</b> credit	
<b>Total Amount:</b>	<b>\$445.27</b>



CE2025321001-29

Payment processing disclaimer. Set me in Workgroup Config

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