CITY OF ALBUQUERQUE

Planning Department Brennon Williams, Interim Director



September 3, 2019

David Soule, P.E. Rio Grande Engineering PO Box 93924 Albuquerque, NM 87199

RE: Kelly Residence

9205 Black Farm Lane NW Request for Pad Certification- Accepted Grading Plan Stamp Date: 8/1/18

Certification Dated: 8/25/19 Hydrology File: A11D016A

Dear Mr. Soule:

PO Box 1293 Based on the submittal received on 8/26/19, this certification is approved in support of

Certificate of Occupancy by Hydrology.

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

NM 87103 Sincerely,

www.cabq.gov Dana Peterson, P.E.

Senior Engineer, Planning Dept. Development and Review Services

C: Email Fox, Debi; Tena, Victoria; Sandoval, Darlene; Costilla, Michelle



City of Albuquerque

Planning Department

Development & Building Services Division

DRAINAGE AND TRANSPORTATION INFORMATION SHEET (REV 6/2018)

Project Title: KELLY RESIDENCE	KELLY RESIDENCE Building Permit #:		gy File #: c13d027d	
DRB#:	#:EPC#:		Work Order#:	
Legal Description: LOT 2 UNIT 2 B	LACK FARMS			
City Address: 9205 BLACK FARM LAN	E			
Applicant: PICASSO BUILDERS		Contact:		
Address:		<u>,</u>		
Phone#:	Fax#:	E-mail: _		
Other Contact: RIO GRANDE ENGINEERING		Contact:	DAVID SOULE	
Address: PO BOX 93924 ALB NM	87199			
Phone#: 505.321.9099	Fax#: 505.872.0999	E-mail: da	vid@riograndeengineering.com	
TYPE OF DEVELOPMENT: PLAT				
Check all that Apply:				
DEPARTMENT: X HYDROLOGY/ DRAINAGE TRAFFIC/ TRANSPORTATION TYPE OF SUBMITTAL: X ENGINEER/ARCHITECT CERTIFICATION PAD CERTIFICATION CONCEPTUAL G & D PLAN GRADING PLAN DRAINAGE REPORT DRAINAGE MASTER PLAN FLOODPLAIN DEVELOPMENT PERMIT A ELEVATION CERTIFICATE CLOMR/LOMR TRAFFIC CIRCULATION LAYOUT (TCL) TRAFFIC IMPACT STUDY (TIS) STREET LIGHT LAYOUT OTHER (SPECIFY) PRE-DESIGN MEETING? IS THIS A RESUBMITTAL?: X Yes No		DPLAIN DEVELOPM R (SPECIFY)	DVAL ANCY ROVAL PPROVAL ERMIT APPROVAL CIAL GUARANTEE PPROVAL OVAL CATION ENT PERMIT	
DATE SUBMITTED:			PROJECT AND ADDRESS OF THE PROJECT AND ADDRESS O	
COA STAFF:	ELECTRONIC SUBMITTAL RECE			

FEE PAID:_____

