

CITY OF ALBUQUERQUE



September 30, 2019

Simons Architecture
Joe Simons
P.O. Box 67408
Albuquerque, NM 87193

Re: Medical Clinic Shell
7439 Alameda Blvd NE Albuquerque NM 87113
Traffic Circulation Layout
Engineer's/Architect's Stamp 05-03-19 (C19D067)

Dear Mr. Simons,

The TCL submittal received 09-30-2019 is approved for Building Permit. A copy of the stamped and signed plan will be needed for each of the building permit plans. Please keep the original to be used for certification of the site for final C.O. for Transportation.

When the site construction is completed and an inspection for Certificate of Occupancy (C.O.) is requested, use the original City stamped approved TCL for certification. Redline any minor changes and adjustments that were made in the field. A NM registered architect or engineer must stamp, sign, and date the certification TCL along with indicating that the development was built in "substantial compliance" with the TCL. Submit this certification, the TCL, and a completed Drainage and Transportation Information Sheet to front counter personnel for log in and evaluation by Transportation.

Once verification of certification is completed and approved, notification will be made to Building Safety to issue Final C.O. To confirm that a final C.O. has been issued, call Building Safety at 924-3690.

Sincerely,

Mojgan Maadandar, E.I.
Associate Engineer, Planning Dept.
Development Review Services

\MM via: email
C: CO Clerk, File



City of Albuquerque

Planning Department
Development & Building Services Division

DRAINAGE AND TRANSPORTATION INFORMATION SHEET (REV 6/2018)

Project Title: CORSHILL Building Permit #: 2019-17550 Hydrology File #: C19D067
 DRB#: _____ EPC#: _____ Work Order#: _____
 Legal Description: LOT 21 BLOCK 3 UNIT 3 NORTH SUB. ACRES
 City Address: 7439 ALAMEDA 87109
 Applicant: SIMONS ARCHITECTURE PC Contact: JOE SIMONS
 Address: P.O. BOX 67408 87193
 Phone#: 480-4796 Fax#: _____ E-mail: Joe@simonsarchitecture.com
 Other Contact: JILLIAN HONES BEAULT Contact: _____
 Address: P.O. BOX 1367 87048
 Phone#: _____ Fax#: _____ E-mail: _____

TYPE OF DEVELOPMENT: _____ PLAT (# of lots) _____ RESIDENCE _____ DRB SITE ☒ ADMIN SITE

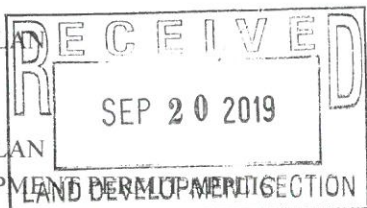
IS THIS A RESUBMITTAL? ☒ Yes _____ No

DEPARTMENT ☒ TRANSPORTATION _____ HYDROLOGY/DRAINAGE

Check all that Apply:

TYPE OF SUBMITTAL:

- ☐ ENGINEER/ARCHITECT CERTIFICATION
- ☐ PAD CERTIFICATION
- ☐ CONCEPTUAL G & D PLAN
- ☐ GRADING PLAN
- ☐ DRAINAGE REPORT
- ☐ DRAINAGE MASTER PLAN
- ☐ FLOODPLAIN DEVELOPMENT PERMIT SECTION
- ☐ ELEVATION CERTIFICATE
- ☐ CLOMR/LOMR
- ☒ TRAFFIC CIRCULATION LAYOUT (TCL)
- ☐ TRAFFIC IMPACT STUDY (TIS)
- ☐ STREET LIGHT LAYOUT
- ☐ OTHER (SPECIFY) _____
- ☐ PRE-DESIGN MEETING?



TYPE OF APPROVAL/ACCEPTANCE SOUGHT:

- ☒ BUILDING PERMIT APPROVAL
- ☐ CERTIFICATE OF OCCUPANCY
- ☐ PRELIMINARY PLAT APPROVAL
- ☐ SITE PLAN FOR SUB'D APPROVAL
- ☐ SITE PLAN FOR BLDG. PERMIT APPROVAL
- ☐ FINAL PLAT APPROVAL
- ☐ SIA/ RELEASE OF FINANCIAL GUARANTEE
- ☐ FOUNDATION PERMIT APPROVAL
- ☐ GRADING PERMIT APPROVAL
- ☐ SO-19 APPROVAL
- ☐ PAVING PERMIT APPROVAL
- ☐ GRADING/ PAD CERTIFICATION
- ☐ WORK ORDER APPROVAL
- ☐ CLOMR/LOMR
- ☐ FLOODPLAIN DEVELOPMENT PERMIT
- ☐ OTHER (SPECIFY) _____

DATE SUBMITTED: 9.20.19 By: JOE SIMONS

COA STAFF:

ELECTRONIC SUBMITTAL RECEIVED: _____

FEE PAID: _____

