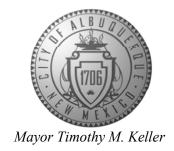
CITY OF ALBUQUERQUE

Planning Department Alan Varela, Director



May 23, 2023

Sheldon Greer, P.E. RESPEC 5971 Jefferson St. NE Suite 101 Albuquerque, New Mexico 87109

RE: Lot 17 Block 1 Volcano Cliffs Unit 22 SAD 228

8015 Agua Fria Ct. NW Grading and Drainage Plan

Engineers Stamp Date: 10/29/2020 (D10D003N17)

CO Certification Date: 5/23/2023

Mr. Greer,

Based on the Certification received on 5/22/2023, the site is acceptable for release of Certificate of Occupancy by Hydrology.

PO Box 1293

If you have any questions, please contact me at 924-3695 or Rudy Rael at 924-3977.

Albuquerque

Sincerely,

NM 87103

Tiequan Chen, P.E.

www.cabq.gov

Principal Engineer, Hydrology

Planning Department, Development Review Services

RR/TC

File D10D003N17



City of Albuquerque

Planning Department Development & Building Services Division

DRAINAGE AND TRANSPORTATION INFORMATION SHEET (REV 11/2018)

Project Title: Building F		Permit #:	Hydrology File #:	
DRB#:	EPC#:		Work Order#:	
Legal Description:				
City Address:				
Applicant:			Contact:	
Address:				
			E-mail:	
Owner:			Contact:	
Address:				
			E-mail:	
TYPE OF SUBMITTAL:PLA	Γ (# OF LOTS)	RESIDENCE	_ DRB SITE ADMIN SITE	
IS THIS A RESUBMITTAL?:	Yes	No		
DEPARTMENT: TRAFFIC/ T	RANSPORTATION _	HYDROLOG	Y/ DRAINAGE	
Check all that Apply: TYPE OF SUBMITTAL: ENGINEER/ARCHITECT CERTIFICATION PAD CERTIFICATION CONCEPTUAL G & D PLAN GRADING PLAN DRAINAGE MASTER PLAN DRAINAGE REPORT FLOODPLAIN DEVELOPMENT PERMIT APPLIC ELEVATION CERTIFICATE CLOMR/LOMR TRAFFIC CIRCULATION LAYOUT (TCL) TRAFFIC IMPACT STUDY (TIS) 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:	By:			

COA STAFF: ELECTRONIC SUBMITTAL RECEIVED:____

FEE PAID:

