



City of Albuquerque

Planning Department

Stormwater Control Permit for Erosion and Sediment Control

Project Title BEEHIVE MONTANO

Project Location (Major Cross Streets/Arroyo
or address) MONTANO & WHITEMAN DR

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: 3HN HEALTHCARE PROPERTIES

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

Name: GERALD HAMILTON

Phone Number: 505-270-7989

E-mail: BEEHIVEABQ@aol.com

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

Name: _____

Phone: _____

e-mail: _____

For City personnel use only:

E10 E027

Check boxes if plans/permit are approved:

☒ ESC Plan ☒ Grading Plan ☒ Flood Plain Permit (strike if not required) ^{cu}

City Personnel Signature: Ante C. Chen

(Rev February 2017)