



# City of Albuquerque

Planning Department  
Development & Building Services Division

## DRAINAGE AND TRANSPORTATION INFORMATION SHEET (REV 6/2018)

**Project Title:** 8005 marigold DR NW **Building Permit #:** \_\_\_\_\_ **Hydrology File #:** \_\_\_\_\_  
**DRB#:** \_\_\_\_\_ **EPC#:** \_\_\_\_\_ **Work Order#:** \_\_\_\_\_  
**Legal Description:** LOT 2 , BLOCK 10 VOLCANO CLIFFS UNIT 5  
**City Address:** 8005 marigold DR NW

**Applicant:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**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:** david@riograndeengineering.com

**TYPE OF DEVELOPMENT:** \_\_\_ PLAT  RESIDENCE \_\_\_ DRB SITE \_\_\_ ADMIN SITE

Check all that Apply:

**DEPARTMENT:**

HYDROLOGY/ DRAINAGE  
\_\_\_ TRAFFIC/ TRANSPORTATION

**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

**TYPE OF SUBMITTAL:**

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

\_\_\_ 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) \_\_\_\_\_

IS THIS A RESUBMITTAL?:  Yes \_\_\_ No

DATE SUBMITTED: \_\_\_\_\_ By: \_\_\_\_\_

COA STAFF: \_\_\_\_\_

ELECTRONIC SUBMITTAL RECEIVED: \_\_\_\_\_

FEE PAID: \_\_\_\_\_