Stormwater Quality

ESC Plan Information Sheet

**Project Name**: \_\_\_ Legacy Home Healthcare \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Location**: (address or major cross streets/arroyo)

\_\_\_3610 Bosque Plaza Lane NW, Albuquerque, NM 87120\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plan Preparer Information:**

Company: \_\_\_Inspections Plus Inc\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_ Grant Morrison\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_ 805 Nikanda Rd NE Albuquerque, NM 87107\_\_\_\_\_\_\_\_\_

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Phone Number: (O) \_\_\_ 505-344-9410\_\_\_\_\_ (Cell (optional)) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-Mail:\_\_\_\_ grant@inspectionsplusinc.com\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner Information**:

Company: \_\_ Legacy Home Healthcare \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_ Jimmy Melton, Vince Romero\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_ 9388 Valley View Drive Suite 300, Albuquerque, NM, 87144 \_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_505.338.3702\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-Mail:\_\_\_\_\_ jimmymelton@legacyhomehealth.com , vromero@legacyhomehealth.com \_

**I am submitting the ESC plan to obtain approval for:**

\_\_X\_\_ ESC Permit-Grading

\_\_X\_\_ESC Permit-Building Permit

\_X\_\_\_Work Order Construction Plans

Note: More than one item can be checked for a submittal

If you have questions, please contact Curtis Cherne, Stormwater Quality 924-3420, ccherne@cabq.gov