City of Albuquerque

Planning Department

Stormwater Control Permit for Erosion and ­Sediment Control

Project Title\_\_\_Legacy Home Healthcare\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Location (Major Cross Streets/Arroyo

or address)\_\_\_3610 Bosque Plaza Lane NW, Albuquerque, NM 87120\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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:\_\_Legacy Home Healthcare\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Person: (Note: Name below may be the same as Owner Name above if there is no Company Name)   
 Name:\_\_Jimmy Melton, Vince Romero\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_ 505.338.3702\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_jimmymelton@legacyhomehealth.com , [vromero@legacyhomehealth.com](mailto:vromero@legacyhomehealth.com) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Name:\_\_Craig Hagelgantz\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_505-255-7802\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail:\_\_ [chagelgantz@abqeng.com](mailto:chagelgantz@abqeng.com)

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**For City personnel use only:**

City Personnel Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

(Rev June 2017)