



# 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)

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**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: *Cynthia G. Chen* Date 12-14-17

(Rev June 2017)

