

CITY OF ALBUQUERQUE



January 1, 2016

Richard J. Berry, Mayor

David Soule, P.E.
Rio Grande Engineering
P.O. Box 93924
Albuquerque, NM 87199

**RE: 13604 Elena Gallegos
Grading and Drainage Plan
Engineer's Stamp Date 5-31-2016 (File: E24D004)**

Dear Mr. Soule:

Based upon the information provided in your submittal received 10-24-15, the above-referenced plan is approved for Building Permit.

PO Box 1293

Please attach a copy of this approved plan in the construction sets when submitting for a building permit. Prior to Certificate of Occupancy release, Engineer Certification per the DPM checklist will be required.

Albuquerque

If you have any questions, you can contact me at 924-3986.

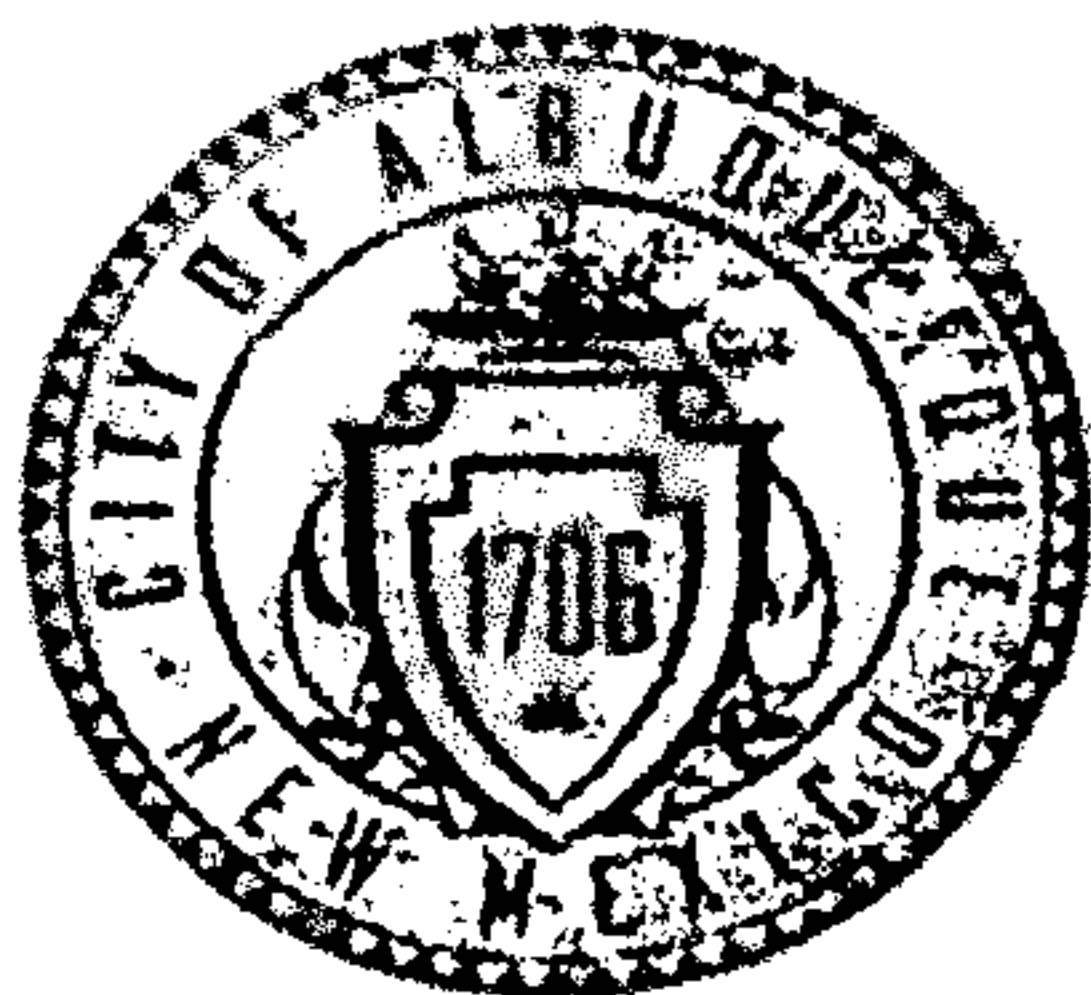
Sincerely,

New Mexico 87103

Abiel Carrillo, P.E.
Principal Engineer, Planning Dept.
Development Review Services

www.cabq.gov

Orig: Drainage file



City of Albuquerque

Planning Department

Development & Building Services Division

DRAINAGE AND TRANSPORTATION INFORMATION SHEET (REV 09/2015)

Project Title: 13604 ELLENA GALLEGOS **Building Permit #:** **City Drainage #:** E24D004
DRB#: **EPC#:** **Work Order#:**
Legal Description: LOT 82 HIGHLANDS UNIT 3
City Address: 13604 ELLENA GALLEGOS

Engineering Firm: RIO GRANDE ENGINEERING **Contact:** DAVID SOULE
Address: PO BOX 93924, ALBUQUERQUE, NM 87199
Phone#: 505.321.9099 **Fax#:** 505.872.0999 **E-mail:** DAVID@RIOGRANDEENGINEERING.COM

Owner: STEVE JAKOB **Contact:**
Address: PO BOX 91056, ALB NM 87199
Phone#: **Fax#:** **E-mail:**

Architect: PAUL MCDONALD **Contact:**
Address:
Phone#: **Fax#:** **E-mail:**

Other Contact: **Contact:**
Address:
Phone#: **Fax#:** **E-mail:**

Check all that Apply:

DEPARTMENT:

- ☒ HYDROLOGY/ DRAINAGE
☐ TRAFFIC/ TRANSPORTATION
☐ MS4/ EROSION & SEDIMENT CONTROL

TYPE OF SUBMITTAL:

- ☐ ENGINEER/ ARCHITECT CERTIFICATION
☐ CONCEPTUAL G & D PLAN
☒ GRADING PLAN
☐ DRAINAGE MASTER PLAN
☐ DRAINAGE REPORT
☐ CLOMR/LOMR
☐ TRAFFIC CIRCULATION LAYOUT (TCL)
☐ TRAFFIC IMPACT STUDY (TIS)
☐ EROSION & SEDIMENT CONTROL PLAN (ESC)

☐ OTHER (SPECIFY) _____

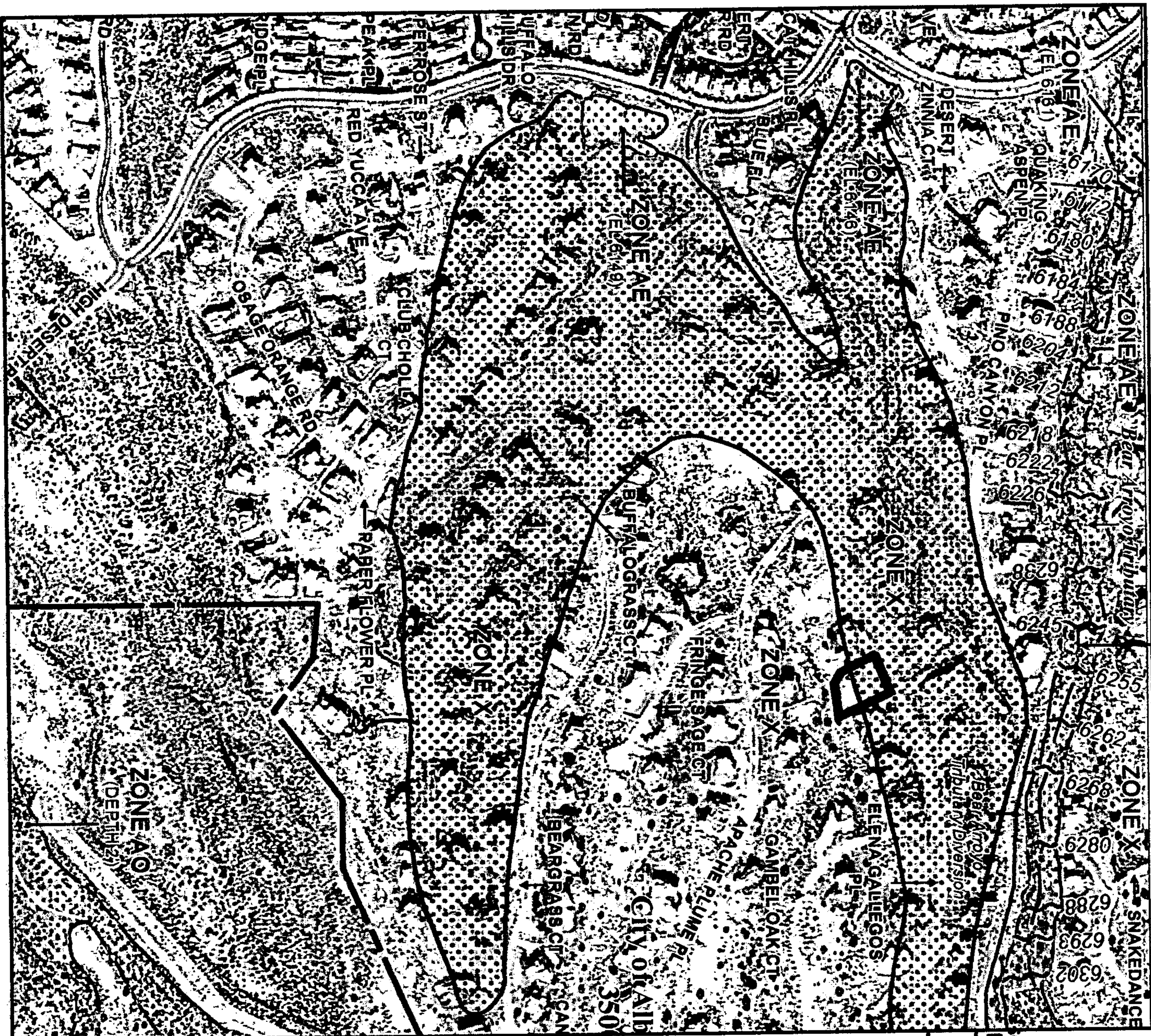
IS THIS A RESUBMITTAL?: ☒ Yes ☐ No

DATE SUBMITTED: 5/30/16 By: _____

CHECK 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
☐ 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
☐ PRE-DESIGN MEETING
☐ OTHER (SPECIFY) _____

COA STAFF: ELECTRONIC SUBMITTAL RECEIVED: _____



MAP SCALE 1" = 500'

0 500 1000

FEET

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0163H

FIRM

FLOOD INSURANCE RATE MAP

BERNALILLO COUNTY,
NEW MEXICO

AND INCORPORATED AREAS

PANEL 163 OF 825

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SHEET
ALBUQUERQUE, CITY OF	360002	0163	H
BERNALILLO COUNTY UNINCORPORATED AREAS	360001	0163	H

Notice to User: The Map Number shown below should be used when placing map orders. The Community Number shown above should be used on insurance applications for the subject community.



MAP NUMBER
35001C0163H

MAP REVISED
AUGUST 16, 2012

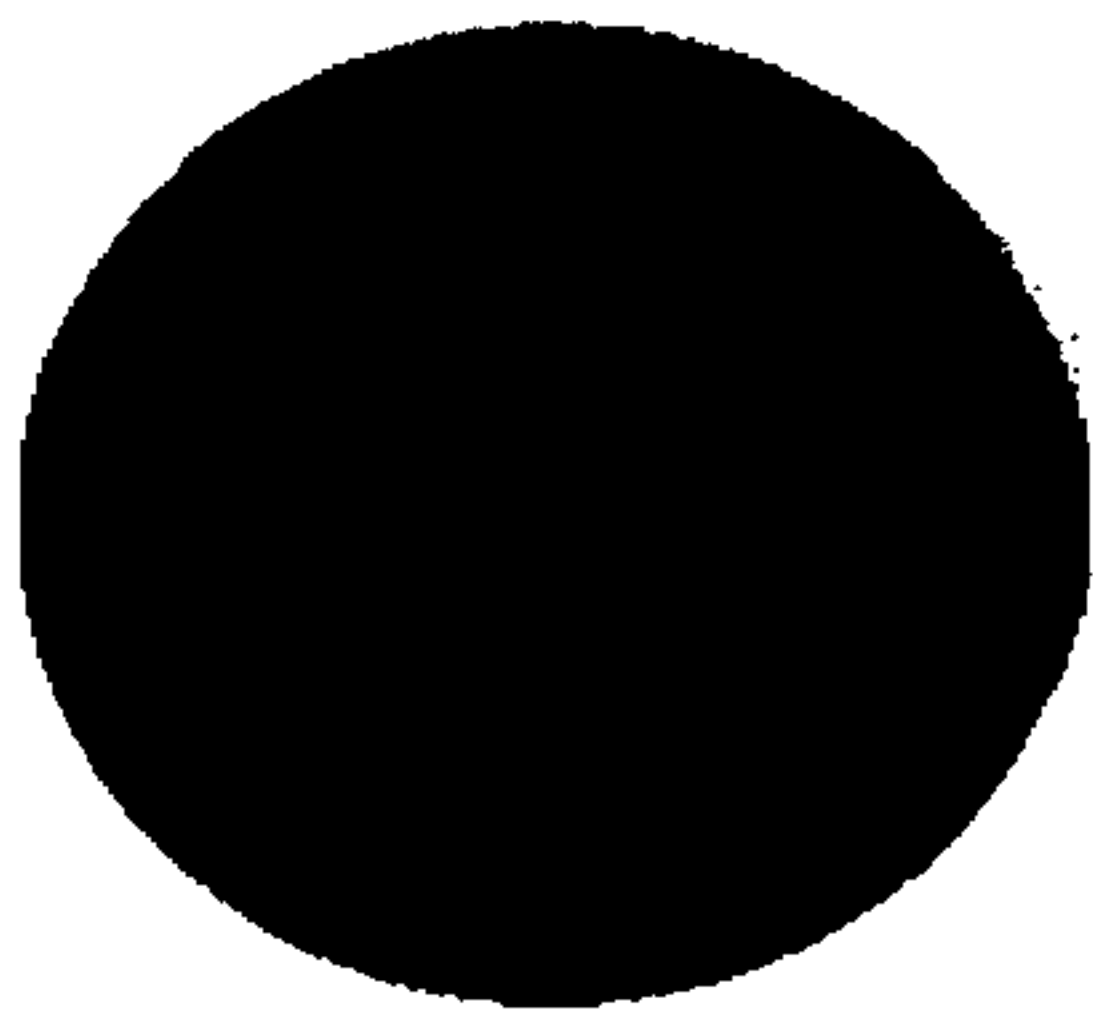
Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

RECEIVED

MAY 31 2016

LAND DEVELOPMENT SECTION



City of Albuquerque

Planning Department

Development & Building Services Division

DRAINAGE AND TRANSPORTATION INFORMATION SHEET (REV 09/2015)

~~FAST TRACK~~

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Phone#: 505.321.9099 Fax#: 505.872.0999 E-mail: DAVID@RIOGRANDEENGINEERING.COM

Owner: STEVE JAKOB Contact: _____
Address: PO BOX 91056, ALB NM 87199
Phone#: _____ Fax#: _____ E-mail: _____

Architect: PAUL MCDONALD Contact: _____
Address: _____
Phone#: _____ Fax#: _____ E-mail: _____

Other Contact: _____ Contact: _____
Address: _____
Phone#: _____ Fax#: _____ E-mail: _____

Check all that Apply:

DEPARTMENT:

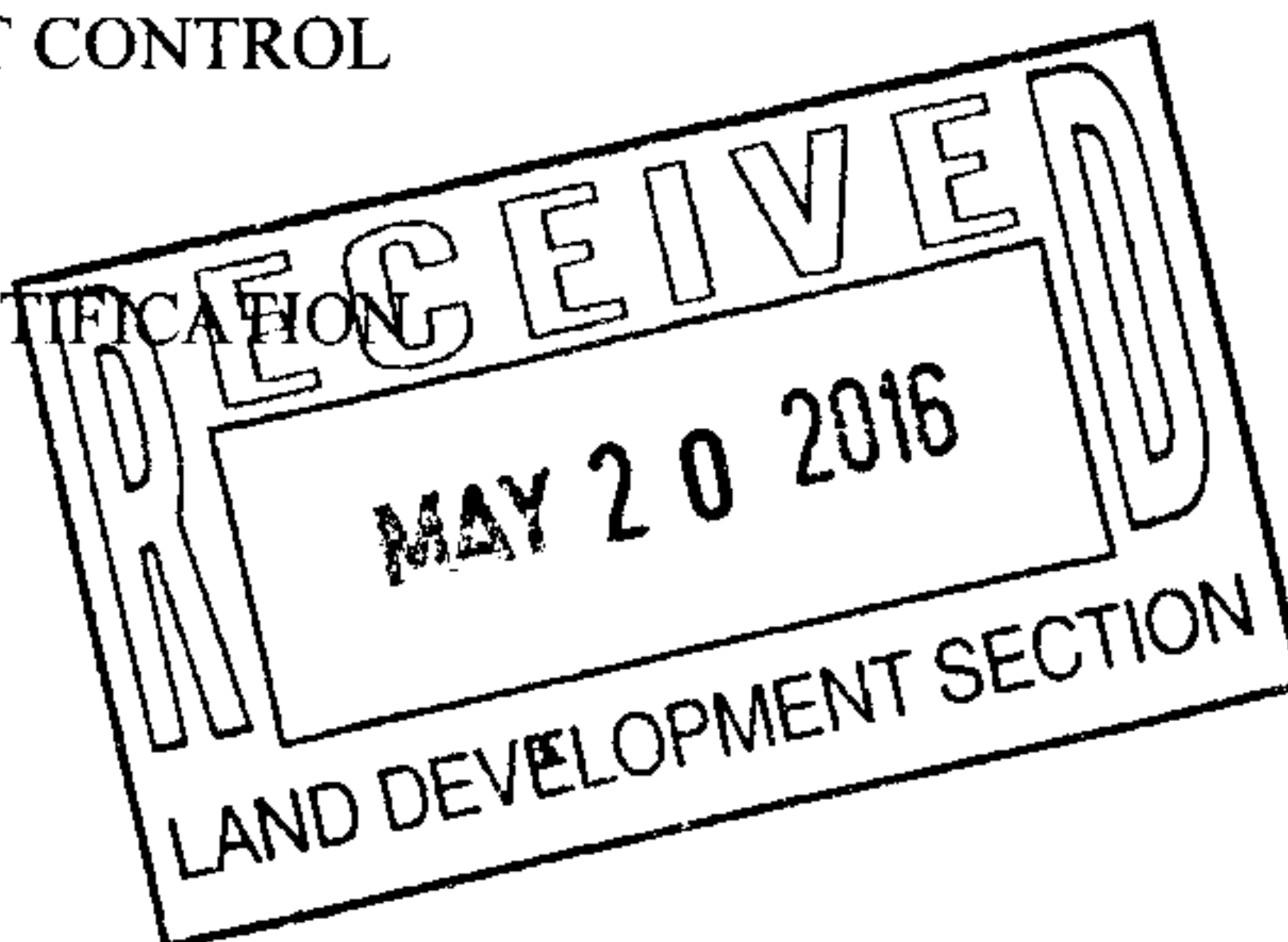
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☐ OTHER (SPECIFY) _____



\$ 50.00

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☐ GRADING/ PAD CERTIFICATION
☐ WORK ORDER APPROVAL
☐ CLOMR/LOMR

☐ PRE-DESIGN MEETING
☐ OTHER (SPECIFY) _____

IS THIS A RESUBMITTAL?: ☐ Yes ☒ No

DATE SUBMITTED: 5/20/16 By: _____

COA STAFF: _____ ELECTRONIC SUBMITTAL RECEIVED: _____

Verbal NO
AC 6/1/16