

CITY OF ALBUQUERQUE



June 16, 2017

Joel Hernandez, P.E.
Tierra West, LLC
5571 Midway Park Place NE
Albuquerque, New Mexico 87109

**Re: Skilled Nursing Facility
1610 Renaissance Blvd. NE
Requested Permanent C. O. - Accepted
Engineers Stamp Date 5/5/16 (F16D017)
Certification Dated: 6/15/17**

Dear Mr. Hernandez,

Based on the Certification received 6/15/2017, the site is acceptable for release of Certificate of Occupancy by Hydrology.

If you have any questions, you can contact me at 924-3986 or Totten Elliott at 924-3982.

Sincerely,

James D. Hughes, P.E.
Principal Engineer, Planning Dept.
Development and Review Services

TE/JH

C: email Serna, Yvette M.; Fox, Debi; Tena, Victoria C.; Sandoval, Darlene M.

EROSION CONTROL NOTES:

1. CONTRACTOR IS RESPONSIBLE FOR OBTAINING A TOPSOIL DISTURBANCE PERMIT PRIOR TO BEGINNING WORK.
2. CONTRACTOR IS RESPONSIBLE FOR MAINTAINING RUN-OFF ON SITE DURING CONSTRUCTION.
3. CONTRACTOR IS RESPONSIBLE FOR CLEANING ALL SEDIMENT THAT GETS INTO EXISTING RIGHT-OF-WAY.
4. REPAIR OF DAMAGED FACILITIES AND CLEANUP OF SEDIMENT ACCUMULATIONS ON ADJACENT PROPERTIES AND IN PUBLIC FACILITIES IS THE RESPONSIBILITY OF THE CONTRACTOR.
5. ALL EXPOSED EARTH SURFACES MUST BE PROTECTED FROM WIND AND WATER EROSION PRIOR TO FINAL (CITY) ACCEPTANCE OF ANY PROJECT.

CAUTION:

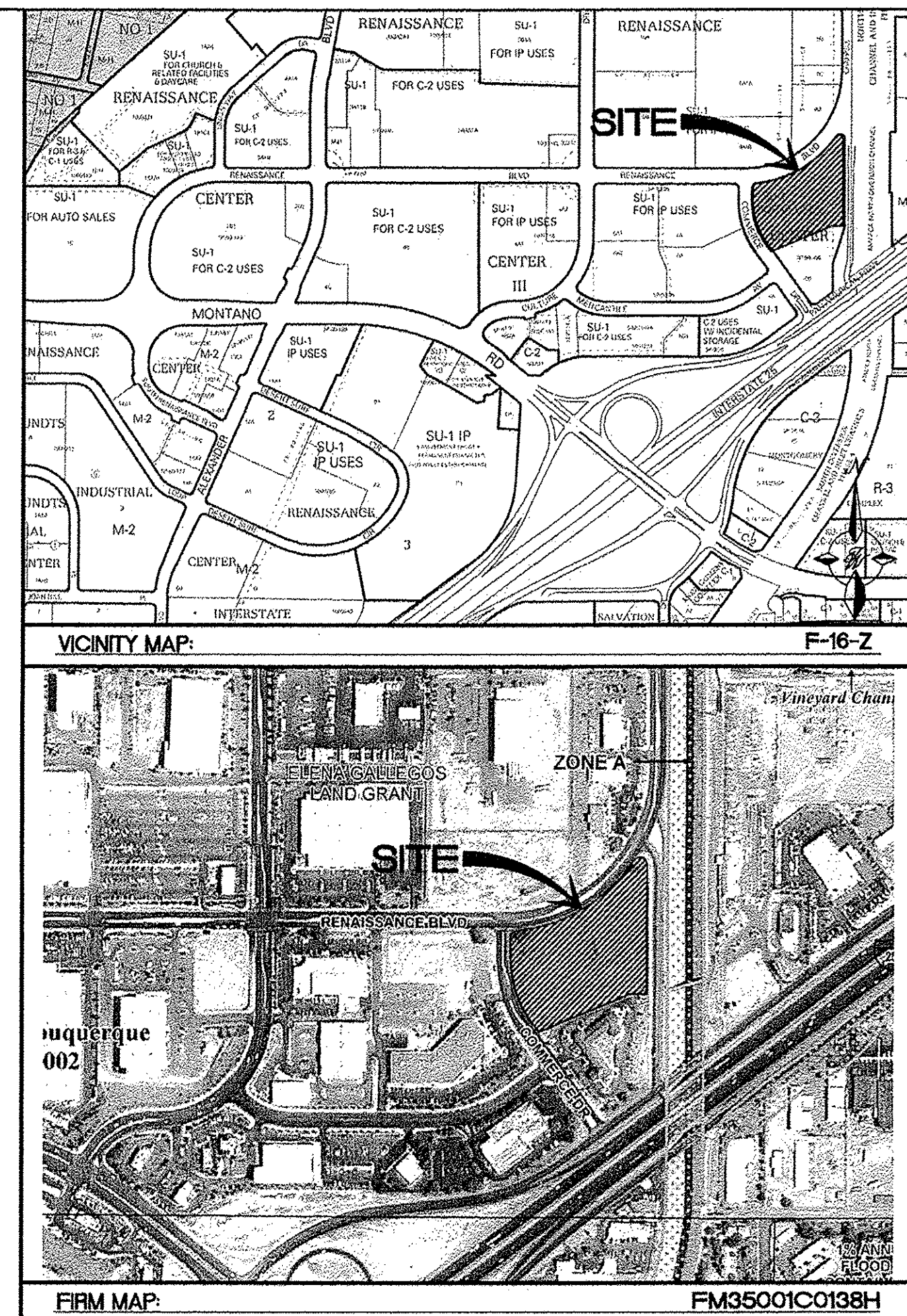
ALL EXISTING UTILITIES SHOWN WERE OBTAINED FROM RESEARCH, AS-BUILTS, SURVEYS OR INFORMATION PROVIDED BY OTHERS. IT SHALL BE THE SOLE RESPONSIBILITY OF THE CONTRACTOR TO CONDUCT ALL NECESSARY FIELD INVESTIGATIONS PRIOR TO AND INCLUDING ANY EXCAVATION, TO DETERMINE THE ACTUAL LOCATION OF UTILITIES AND OTHER IMPROVEMENTS PRIOR TO STARTING THE WORK. ANY CHANGES FROM THIS PLAN SHALL BE COORDINATED WITH AND APPROVED BY THE ENGINEER.

LEGEND

- CURB & GUTTER
- BOUNDARY LINE
- EASEMENT
- CENTERLINE
- RIGHT-OF-WAY
- BUILDING
- SIDEWALK
- SCREEN WALL
- RETAINING WALL
- CONTOUR MAJOR
- CONTOUR MINOR
- SPOT ELEVATION
- FLOW ARROW
- EXISTING CURB & GUTTER
- EXISTING BOUNDARY LINE
- EXISTING CONTOUR MAJOR
- EXISTING CONTOUR MINOR
- EXISTING SPOT ELEVATION

KEYED NOTE:

- ROOF DRAIN CONNECTED TO 9"X9" AREA INLET, NDS OR EQUAL



NOTICE TO CONTRACTORS

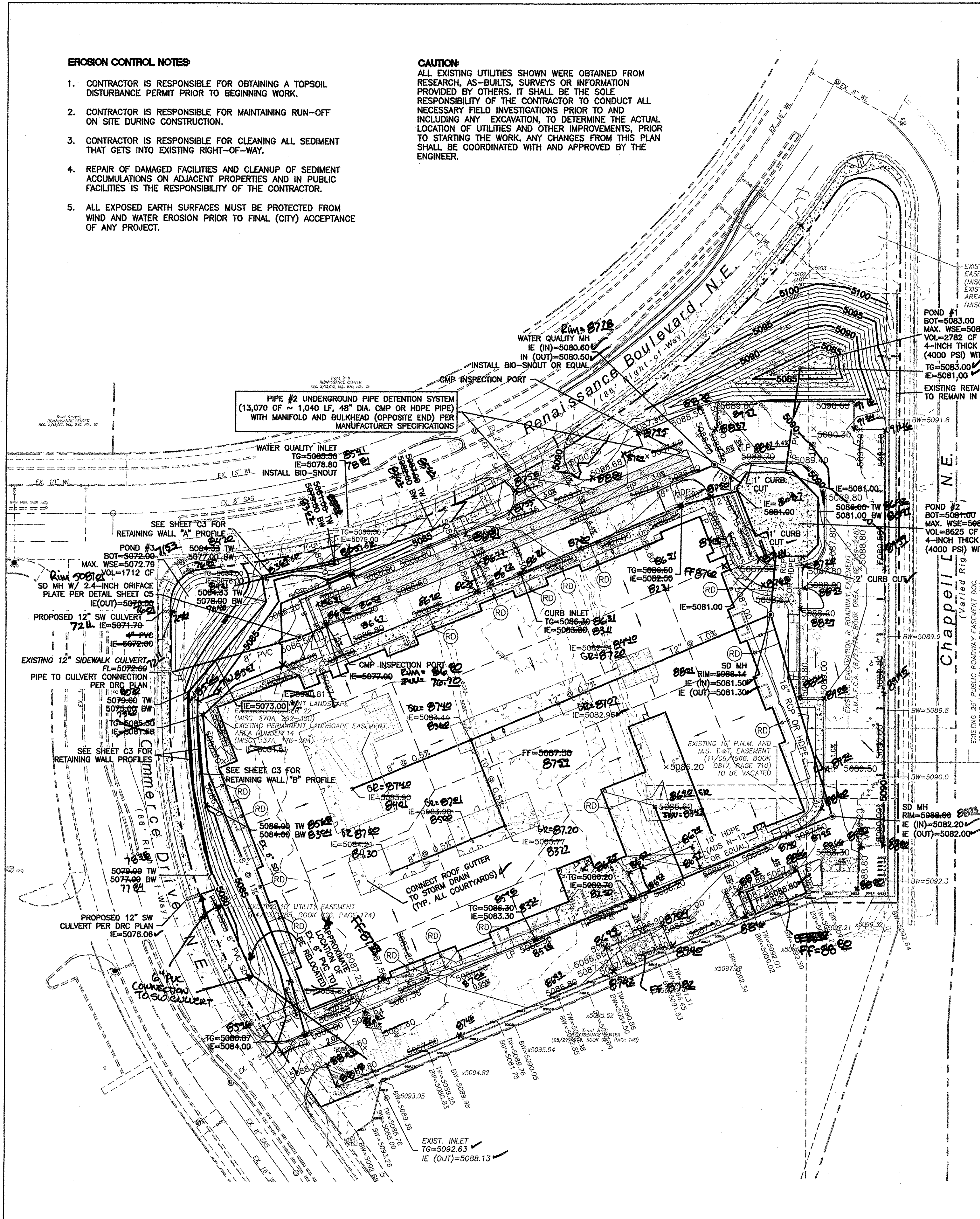
1. AN EXCAVATION/CONSTRUCTION PERMIT WILL BE REQUIRED BEFORE BEGINNING ANY WORK WITHIN CITY RIGHT-OF-WAY.
2. ALL WORK DETAILED ON THESE PLANS TO BE PERFORMED, EXCEPT AS OTHERWISE STATED OR PROVIDED HEREON, SHALL BE CONSTRUCTED IN ACCORDANCE WITH CITY OF ALBUQUERQUE INTERIM STANDARD SPECIFICATIONS FOR PUBLIC WORKS CONSTRUCTION, 1985.
3. TWO WORKING DAYS PRIOR TO ANY EXCAVATION, CONTRACTOR MUST CONTACT LINE LOCATING SERVICE, 765-1234, FOR LOCATION OF EXISTING UTILITIES.
4. PRIOR TO CONSTRUCTION, THE CONTRACTOR SHALL EXCAVATE AND VERIFY THE HORIZONTAL AND VERTICAL LOCATIONS OF ALL CONNECTIONS. SHOULD A CONFLICT EXIST, THE CONTRACTOR SHALL NOTIFY THE ENGINEER SO THAT THE CONFLICT CAN BE RESOLVED WITH A MINIMUM AMOUNT OF DELAY.
5. BACKFILL COMPACTION SHALL BE ACCORDING TO TRAFFIC/STREET USE.
6. MAINTENANCE OF THESE FACILITIES SHALL BE THE RESPONSIBILITY OF THE OWNER OF THE PROPERTY SERVED. 7. WORK ON ARTERIAL STREETS SHALL BE PERFORMED ON A 24-HOUR BASIS.

APPROVAL	NAME	DATE
INSPECTOR		

ROUGH GRADING APPROVAL

DATE

ENGINEER'S SEAL	SKILLED NURSING FACILITY RENAISSANCE CENTER	DRAWN BY DY
	GRADING AND DRAINAGE PLAN	DATE 5/05/16
	TERRA WEST, LLC 5571 MIDWAY PARK PLACE NE ALBUQUERQUE, NM 87109 (505) 858-3100 www.tierrowestllc.com	2014088-GRE
JOEL D. HERNANDEZ P.E. #17893		SHEET # C2
		JOB # 2014088



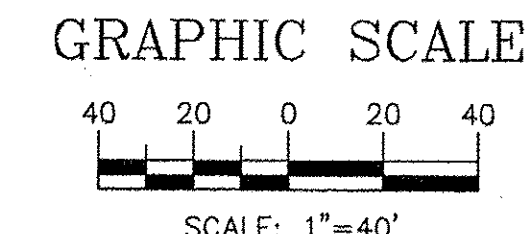
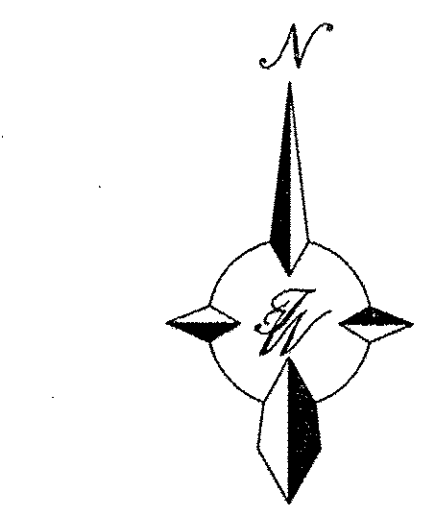
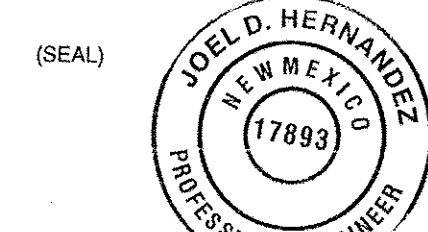
DRAINAGE CERTIFICATION WITH SURVEY WORK DONE BY PROFESSIONAL SURVEYOR

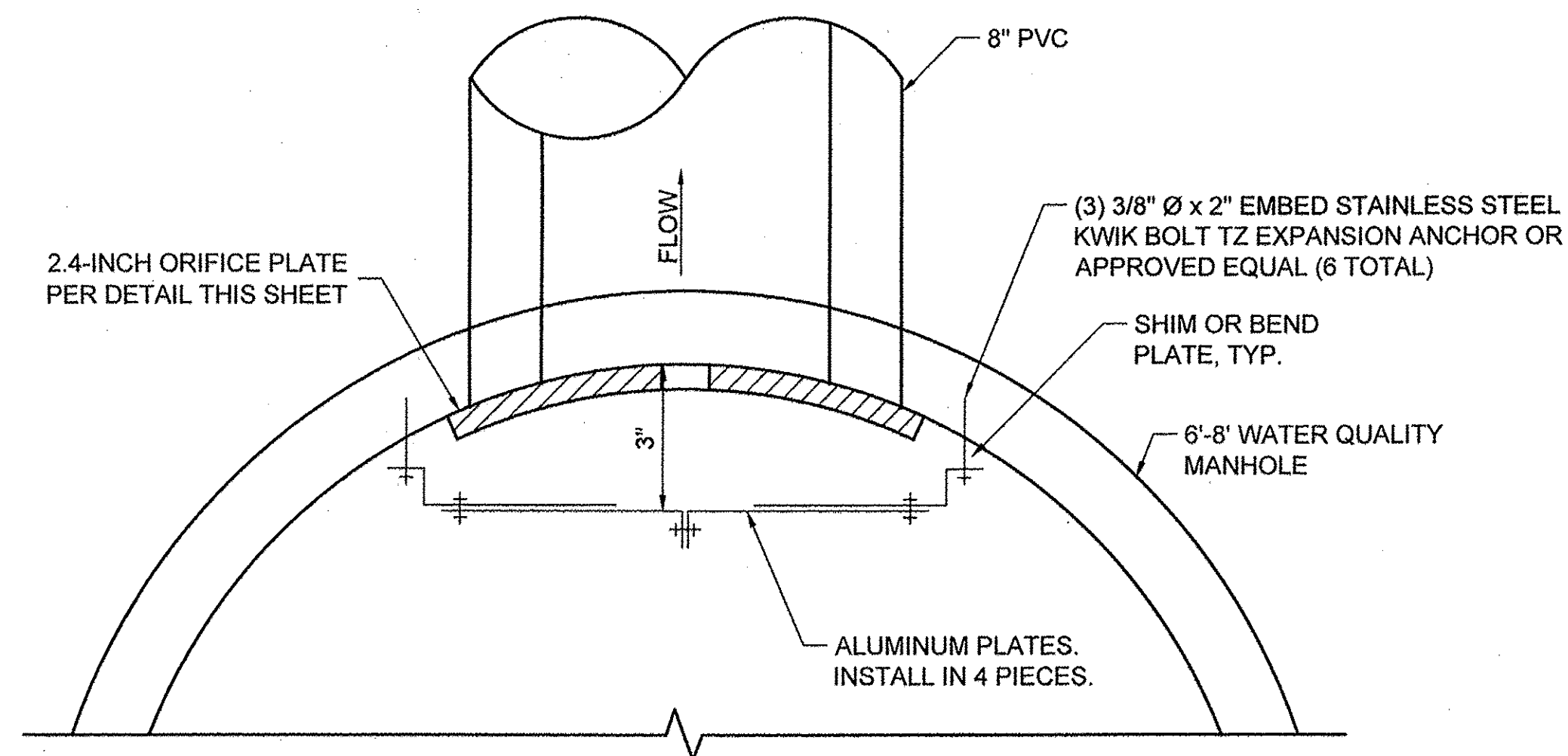
I, JOEL D. HERNANDEZ, NMPE # 17893, OF THE FIRM, TERRA WEST, LLC, HEREBY CERTIFY THAT THIS PROJECT HAS BEEN GRADED AND WILL DRAIN IN SUBSTANTIAL COMPLIANCE WITH AND IN ACCORDANCE WITH THE DESIGN INTENT OF THE APPROVED PLAN DATED 6/15/17. THE RECORD INFORMATION EDITED ONTO THE ORIGINAL SURVEY DOCUMENT HAS BEEN OBTAINED BY BRIAN MARTINEZ, NMPS # 18374, OF THE FIRM, CARTESIAN SURVEYS, INC. I FURTHER CERTIFY THAT I HAVE PERSONALLY VISITED THE PROJECT SITE ON 6/15/17 AND HAVE DETERMINED BY VISUAL INSPECTION THAT THE SURVEY DATA PROVIDED IS REPRESENTATIVE OF ACTUAL SITE CONDITIONS AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION IS SUBMITTED IN SUPPORT OF A REQUEST FOR PERMANENT CERTIFICATE OF OCCUPANCY.

EXCEPTIONS:
NONE TAKEN

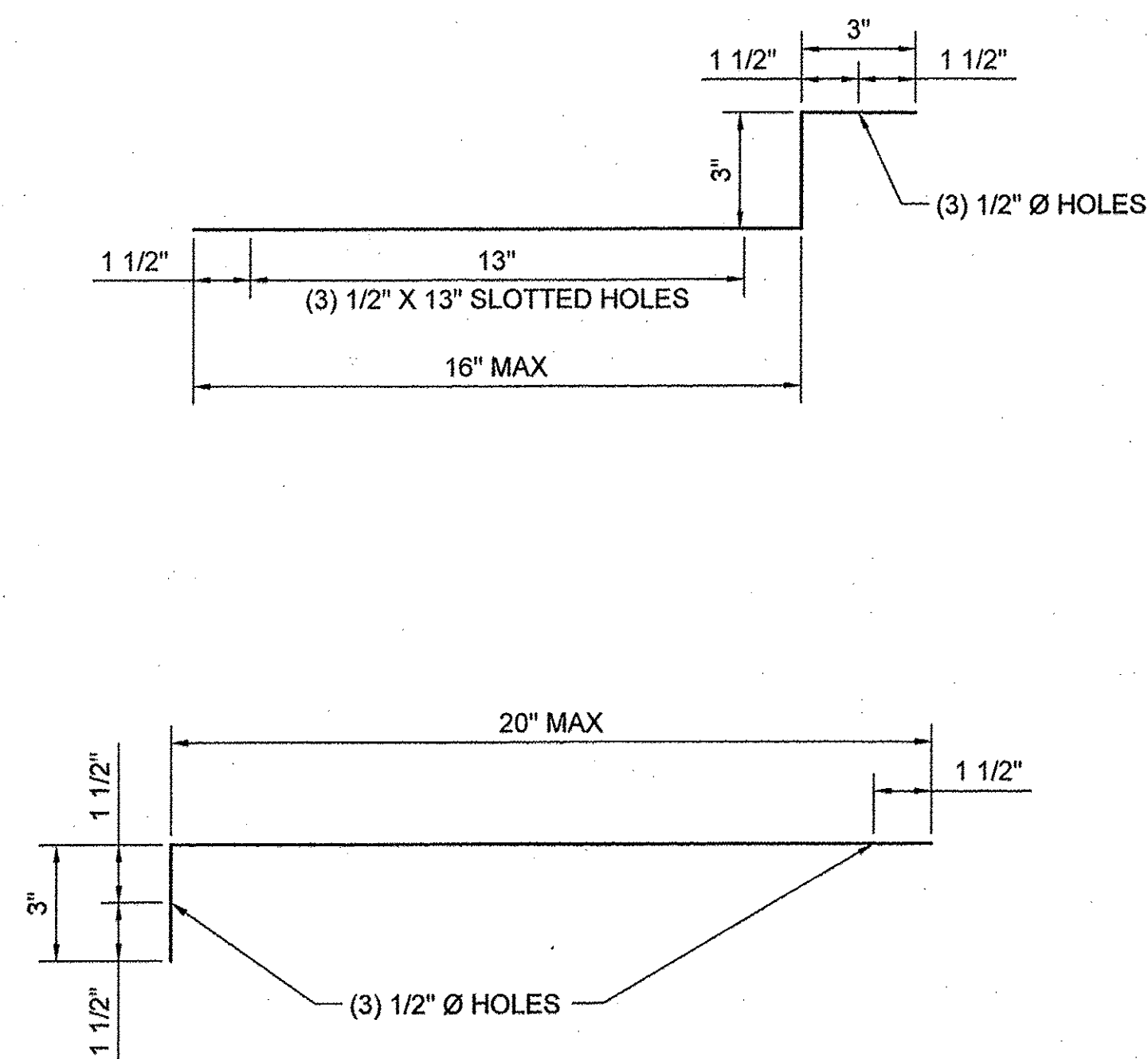
THE RECORD INFORMATION PRESENTED HEREON IS NOT NECESSARILY COMPLETE AND INTENDED ONLY TO VERIFY SUBSTANTIAL COMPLIANCE OF THE GRADING AND DRAINAGE ASPECTS OF THIS PROJECT. THOSE RELYING ON THIS RECORD DOCUMENT ARE ADVISED TO OBTAIN INDEPENDENT VERIFICATION OF ITS ACCURACY BEFORE USING IT FOR ANY OTHER PURPOSE.

JOEL D. HERNANDEZ, NMPE # 17893
DATE 6/15/17

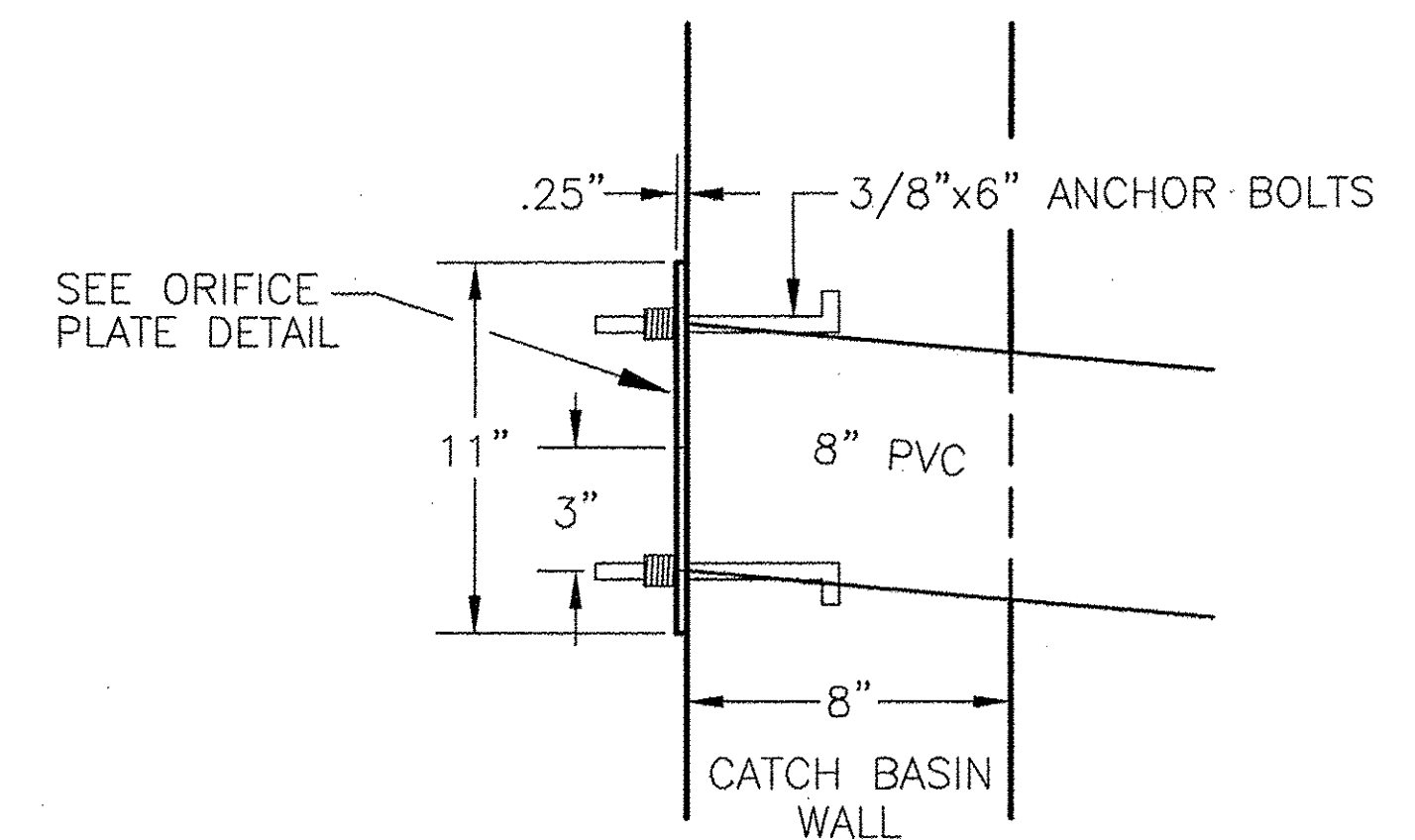




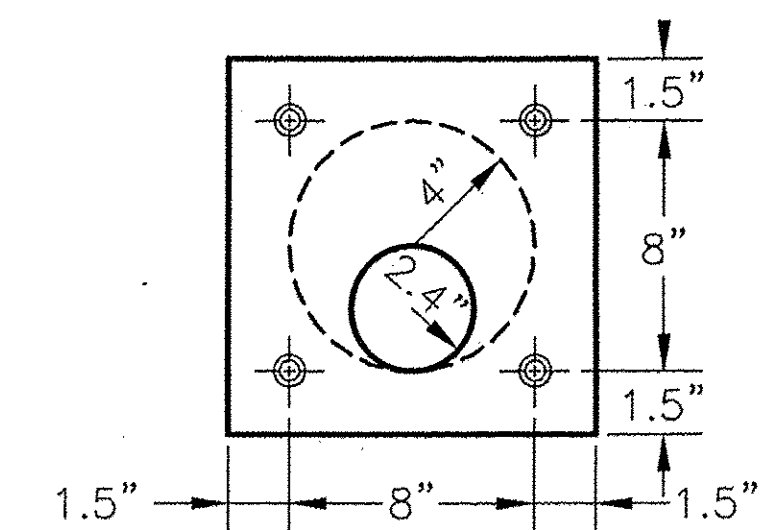
ALUMINUM BAFFLE PLAN
NO SCALE



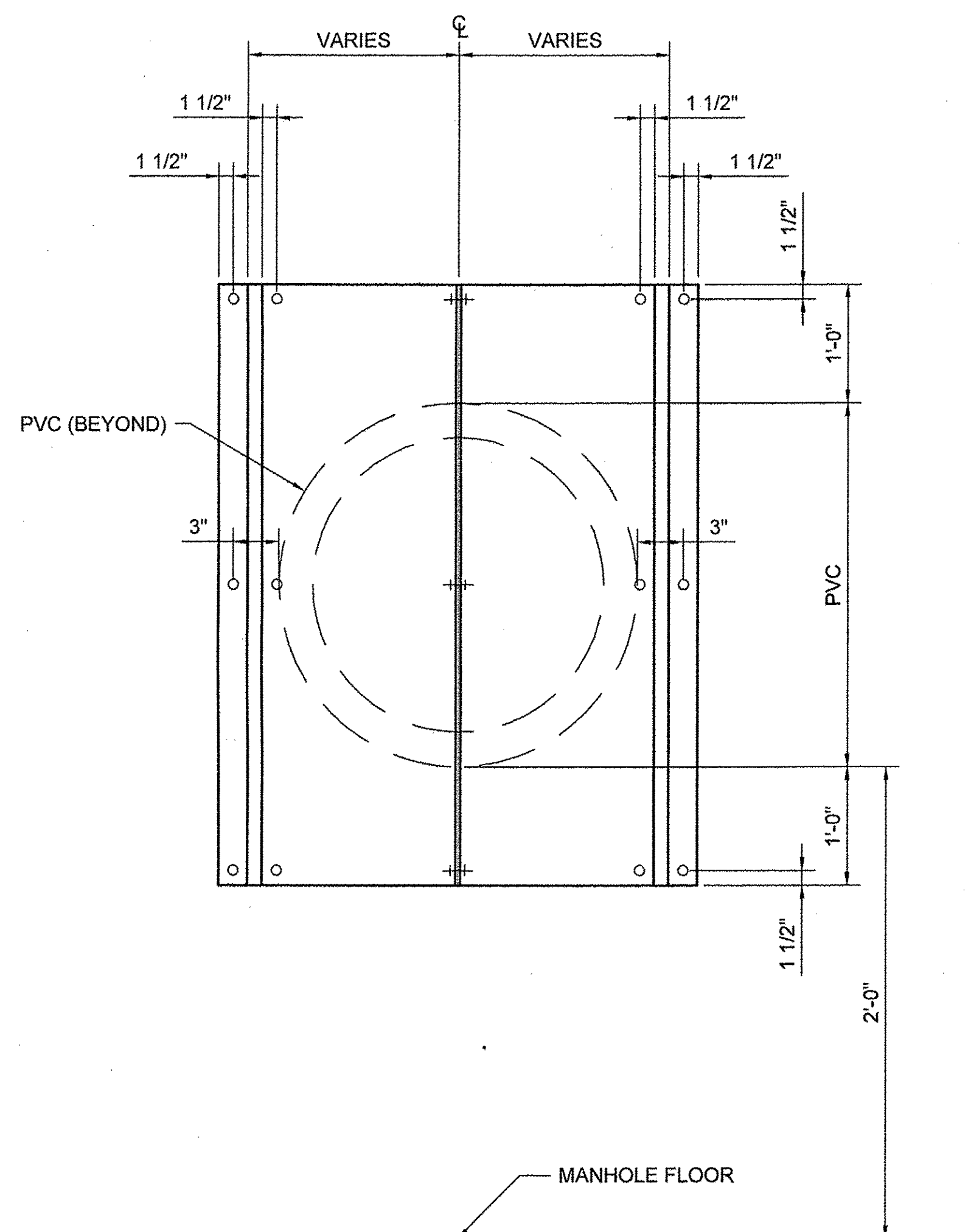
ALUMINUM PLATE BEND DIAGRAM
NO SCALE



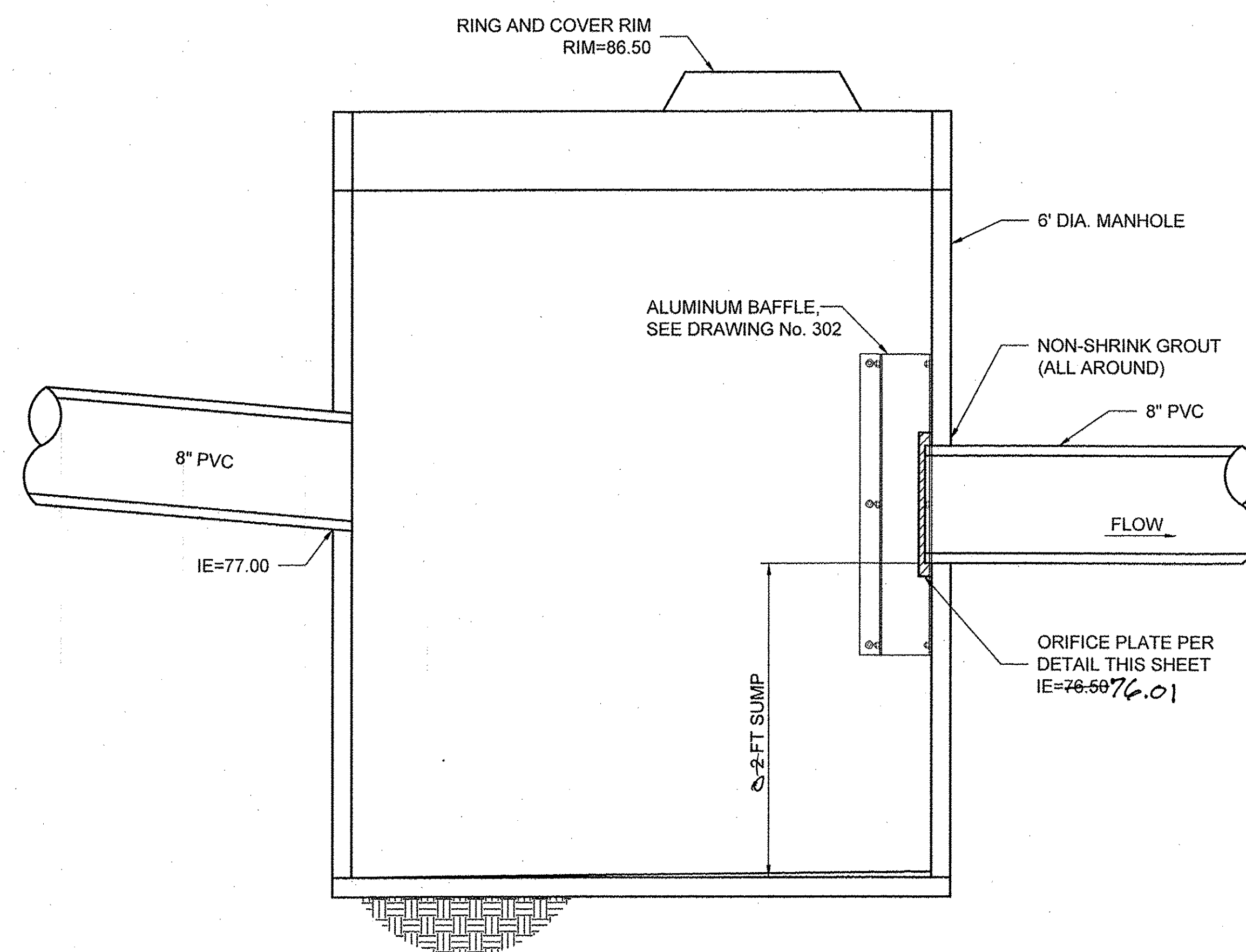
DETAIL A



2.4-INCH ORIFICE PLATE DETAIL
NTS



ALUMINUM BAFFLE ELEVATION
NO SCALE



SECTION B-B
NO SCALE

DRAINAGE CERTIFICATION WITH SURVEY WORK DONE BY PROFESSIONAL SURVEYOR

I, JOEL D. HERNANDEZ, NMPE # 17893 OF THE FIRM TIERRA WEST, LLC, HEREBY CERTIFY THAT THIS PROJECT HAS BEEN GRADED AND WILL DRAIN IN SUBSTANTIAL COMPLIANCE WITH AND IN ACCORDANCE WITH THE DESIGN INTENT OF THE APPROVED PLAN DATED 05/05/16. THE RECORD INFORMATION EDITED ONTO THE ORIGINAL DESIGN DOCUMENT HAS BEEN OBTAINED BY BRIAN MARTINEZ NMPS # 8374 OF THE FIRM CARTESIAN SURVEYS, NC.

I FURTHER CERTIFY THAT I HAVE PERSONALLY VISITED THE PROJECT SITE ON 6/15/17 AND HAVE DETERMINED BY VISUAL INSPECTION THAT THE SURVEY DATA PROVIDED IS REPRESENTATIVE OF ACTUAL SITE CONDITIONS AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION IS SUBMITTED IN SUPPORT OF A REQUEST FOR PERMANENT CERTIFICATE OF OCCUPANCY

EXCEPTIONS: NONE TAKEN

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Joel D. Hernandez
JOEL D. HERNANDEZ, NMPE # 17893
6/16/17
DATE



ENGINEER'S SEAL JOEL D. HERNANDEZ P.E. #17893	SKILLED NURSING FACILITY RENAISSANCE CENTER		DRAWN BY DY
	DETAIL SHEET		DATE 5/05/16
	Tierra West, LLC 5571 MIDWAY PARK PLACE NE ALBUQUERQUE, NM 87109 (505) 858-3100 www.tierrawestllc.com		SHEET # C9 JOB # 2014088



City of Albuquerque

Planning Department

Development & Building Services Division

DRAINAGE AND TRANSPORTATION INFORMATION SHEET (REV 09/2015)

Project Title: Skilled Nursing Facility Building Permit #: _____ City Drainage #: F16/D017
DRB#: _____ EPC#: _____ Work Order#: _____
Legal Description: TR 8-A Plat of Tracts 8-A and 8-B Renaissance Center
City Address: 1610 Renaissance Blvd. NE 87106

Engineering Firm: Tierra West, LLC Contact: _____
Address: 5571 Midway Park Place, NE Albuquerque, NM 87107
Phone#: 505-858-3100 Fax#: _____ E-mail: jdhernandez@tierrawestllc.com

Owner: AS Realty Investors Contact: Adam Schlesinger@asrealtyinvestors.com
Address: 3701 S. Robertson Blvd., Suite 201 Culver City, CA 90232
Phone#: 310 202-6204 Fax#: _____ E-mail: _____

Architect: Bixler Management Contact: Mark Bixler
Address: _____
Phone#: 870 653-3382 Fax#: _____ E-mail: mbixler@bixlermanagement.com

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: 6/15/17 By: Joel Henandez

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: _____