



Stormwater Quality

ESC Plan Information Sheet

Project Name: _____

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

Plan Preparer Information:

Company: _____

Contact: _____

Address: _____

Phone Number: (O) _____ (Cell (optional)) _____

e-Mail: _____

Owner Information:

Company: _____

Contact: _____

Address: _____

Phone: _____

e-Mail: _____

I am submitting the ESC plan to obtain approval for:

____ ESC Permit-Grading

____ ESC Permit-Building Permit

____ 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

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