Stormwater Quality Plan Information Sheet and Inspection Fee Schedule

Project Name:			
Project Location: (add	ress or major cross stree	ets/arroyo)	
Plan Preparer Informa	ation:		
Company:			
Address:			
·	((Cell (optional))	
e-Mail:			
Property Owner Inform	mation:		
Company:			
Address:			
Phone:			
e-Mail:			
I am submitting the ES	C plan to obtain appr	oval for:	
	ng PermitWork Ord	der Construction Plans	
Note: More than one item car	i be checked for a submittal		
Stormwater Quality In	spection fee: (based on d	evelopment type and disturbed	d area)
Commercial	< 2 acres \$300		>5 acres \$800
Land/Infrastructure	< 5 acres \$300	5 to 40 acres \$500	>40 acres \$800
Multi - family	< 5 acres \$500	≥5 acres \$800	
Single Family Residential	<5 acres \$500	5 to 40 acres \$1000	> 40 acres \$1500
Dlag Daview for is \$105	for the first sylvatited [75 00 far a new	l:44-1 (
Plan Review lee is \$105	for the first submittal	and \$75.00 for a resu	omiliai 🔲
Total due equals the plan	n review fee plus the Sto	ormwater Quality Inspect	ion fee.
Total Due \$			
		nwater Quality 924-3420, jhu	ghes@cabq.gov
Rev May 2019			



CITY OF ALBUQUERQUE INVOICE

RED SHAMROCK 4 JOSHUA SKARSGUARD

8220 SAN PEDRO DR. NE SUITE 500

Reference NO: SI-2022-01982 Customer NO: CU-166390955

Date	Description	Amount
10/21/22	2% Technology Fee	\$8.10
10/21/22	Application Fee	\$405.00

Due Date: **10/21/22** Total due for this invoice: \$413.10

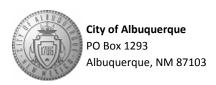
Options to pay your Invoice:

1. Online with a credit card: http://posse.cabq.gov/posse/pub/lms/Default.aspx

2. In person: Plaza Del Sol, 600 2nd St. NW, Albuquerque, NM 87102

PLEASE RETURN THE BOTTOM PORTION OF THIS INVOICE NOTICE WITH PAYMENT

.....



Date: 10/21/22
Amount Due: \$413.10
Reference NO: SI-2022-01982

Payment Code: 130

. NO CH 4662000

Customer NO: CU-166390955

RED SHAMROCK 4 JOSHUA SKARSGUARD 8220 SAN PEDRO DR. NE SUITE 500 ALBUQUERQUE, NM 87113

դովոսըկներուիլիՍիկրիիովիՍիՍիկի







Your transaction is complete - Thank you!

Your request for payment has been received.

An additional confirmation will be sent to your email account if it was provided with the payment.

Your Reference Number: 2022293005-40

10/21/2022 12:35:55 PM

Total Amount:	\$424.46	
Mastercard Service Fee Credit Sale M CARD NUMBER: ***********2605 FIRST NAME: Chip LAST NAME: Martin PAYMENT TYPE: credit	\$11.36	
Mastercard Credit Sale M CARD NUMBER: *********2605 FIRST NAME: Chip LAST NAME: Martin	\$413.10	
Mastercard Service Fee 2022293005-40-4	\$11.36	
Permit Information PERMIT NUMBER: SI-2022-01982 PERMIT DESCRIPTION: PL002: Planning: Application Fee (Site Improv. NAME: RED SHAMROCK 4 JOSHUA SKARSGUARD - CU166390955	\$405.00 ement Plan)	
PERMIT NUMBER: SI-2022-01982 PERMIT DESCRIPTION: TF001: Planning: Technology Fee Application NAME: RED SHAMROCK 4 JOSHUA SKARSGUARD - CU166390955	*	
Building Permits, Business Registrations, Code Enforcement Permits and Planning Applications 2022293005-40-1 NAME: RED SHAMROCK 4 JOSHUA SKARSGUARD - CU16639095 CUSTOMER NUMBER: CU166390955 Permit Information	\$413.10 5 \$8.10	



Payment processing disclaimer. Set me in Workgroup Config

Powered by CORE Business Technologies

