



City of Albuquerque

Planning Department

Stormwater Control Permit for Erosion and Sediment Control

Project Title **PUERTA DEL BOSQUE**

Project Location (Major Cross Streets/Arroyo
or address) **PUERTA DEL BOSQUE LN AND CAMPBELL RD**

ALBUQUERQUE, NM

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: **SIVAGE COMMUNITY DEVELOPMENT, LLC.**

Responsible Person: (Note: Name below may be the same as Owner Name above if there is no Company Name)

Name: **STEVE HERNANDEZ**

Phone Number: **505-228-1401**

E-mail: **STEVE@DMCNM.COM**

Site Contact: (if different than Property Owner info above.)

Name: _____

Phone: _____

e-mail: _____

For City personnel use only:

City Personnel Signature: _____ Date _____

(Rev June 2017)