



Stormwater Quality Plan Information Sheet and Inspection Fee Schedule

Project Name: Blue Cross Animal Hospital

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

University & I-40

Plan Preparer Information:

Company: 814 Solutions

Contact: Gaylen Barnett

Address: 5750 Pino Ave NE

Albq NM 87109

Phone Number: (O) 505 872-0846 (Cell (optional)) 505 382-4828

e-Mail: gaylen@814solutions.com

Property Owner Information:

Company: Blue Cross Animal Hospital [Cranky Cat Real Estate, LLC & Los Suenos Veterinary Group P.C.]

Contact: Ashlee Andrews

Address: 1601 Eubank Blvd NE Albq NM 87107

Phone: 505 255-5250

e-Mail: bluecrossanimalclinic@gmail.com

I am submitting the ESC plan to obtain approval for:

☒ Grading ☒ Building Permit ☐ Work Order Construction Plans

Note: More than one item can be checked for a submittal

Stormwater Quality Inspection fee: (based on development type and disturbed area)

| | | | |
|---------------------------|---|---|--|
| Commercial | < 2 acres \$300 <input checked="" type="checkbox"/> | 2 to 5 acres \$500 <input type="checkbox"/> | >5 acres \$800 <input type="checkbox"/> |
| Land/Infrastructure | < 5 acres \$300 <input type="checkbox"/> | 5 to 40 acres \$500 <input type="checkbox"/> | >40 acres \$800 <input type="checkbox"/> |
| Multi - family | < 5 acres \$500 <input type="checkbox"/> | >5 acres \$800 <input type="checkbox"/> | |
| Single Family Residential | <5 acres \$500 <input type="checkbox"/> | 5 to 40 acres \$1000 <input type="checkbox"/> | > 40 acres \$1500 <input type="checkbox"/> |

Plan Review fee is \$105 for the first submittal ☒ and \$75.00 for a resubmittal ☐

Total due equals the plan review fee plus the Stormwater Quality Inspection fee.

Total Due \$ \$405

If you have questions, please contact Doug Hughes, Stormwater Quality 924-3420, jhughes@cabq.gov

Rev May 2019



Construction Erosion and Sediment Control (ESC) Permit

Project Title Blue Cross Animal Hospital

Project Address 1650 University Blvd NE
Albq, NM 87106

Property Owner:

Company or Owner Name: Ashlee Andrews

Street: 1601 Eubank Blvd NE

City, State, Zip Code: Albuquerque, NM 87107

Responsible Person:

Name: Ashlee Andrews

Phone Number: 505 255-5250

E-mail: bluecrossanimalclinic@gmail.com

-The person listed on the permit and/or the onsite representative will be contacted if any issues are observed during an inspection.

At a minimum a routine compliance self-inspection is required to review the project for compliance with the Construction General Permit once every 14 days and after any precipitation event of 1/4 inch or greater until the site construction has been completed and the site determined as stabilized by the city. Reports of these inspections shall be kept by the person or entity authorized to direct the construction activities on the site along with a copy of the CGP, the "stormwater team" contact sheet, and the approved ESC Plan. This permit expires the day after the "Project End Date" of the Low Erosivity Waiver (LEW) or one year from the date signed below, whichever happens first.

For City personnel use only:

City Personnel Signature: _____ Date: _____