

Stormwater Quality Plan Information Sheet

and Inspection Fee Schedule

Project Name:	
Project Location: (address or n	najor cross streets/arroyo)
Plan Preparer Information:	
Company:	
Contact:	
Address:	
	(Cell (optional))
e-Mail:	
Property Owner Information:	
Company:	
Address:	
Phone:	
e-Mail:	
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	2 to 5 acres \$500	>5 acres \$800
Land/Infrastructure	< 5 acres \$300	5 to 40 acres \$500	>40 acres \$800 🗖
Multi - family	< 5 acres \$500	\geq 5 acres \$800	
Single Family	<5 acres \$500	5 to 40 acres \$1000	> 40 acres \$1500 🗖
Residential			

Plan Review fee is \$105 for the first submittal	and \$75.00 for a resubmittal \square
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Total due equals the plan review fee plus the Stormwater Quality Inspection fee.

Total Due \$_____

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

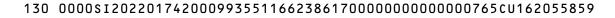
Project Title			
Project Address			
Property Owner:			
Company or Owner Name:			
treet:			
City, State, Zip Code:			
Responsible Person:			
Name:			
Phone Number:			
E-mail:			
The person listed on the permit and/or the onsite representative will be contacted if any issu	ıes		
re observed during an inspection.			
At a minimum a routine compliance self-inspection is required to review the project fo	r		

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 Waver (LEW) or one year from the date signed below, whichever happens first.

For City personnel use only:

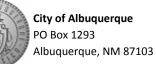
City Personnel Signature:	Date
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(Rev Oct 2020)



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CEI ENGINEERING ASSOCIATES INC JOEL HAYS 3030 LBJ FREEWAY #100 DALLAS, TX 75234



Date:	9/20/22
Amount Due:	\$76.50
Reference NO:	SI-2022-01742
Payment Code:	130
Customer NO:	CU-162055859

PLEASE RETURN THE BOTTOM PORTION OF THIS INVOICE NOTICE WITH PAYMENT

Options to pay your Invoice:

Due Date: 9/20/22

9/20/22

9/20/22

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Total due for this invoice:

1.	Online with a credit card:	http://posse.ca	bq.gov/posse/	/pub/lms	/Default

					-, -, -, -, -,
2.	In persor	n: Plaza Del Sc	l, 600 2nd St.	NW, Albuquerque	e, NM 87102

2% Technology Fee

Application Fee

		U1	INVOICE
CEI ENGINEERING	ASSOCIATES INC JOE	L HAYS	
Reference NO:	SI-2022-01742		
Customer NO:	CU-162055859		
Date	Description		



3030 LBJ FREEWAY #100

Amount

\$1.50

\$75.00

\$76.50





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: 2022263001-87

09/20/2022 3:45:27 PM

Total Amount:	\$78.60
Building Permits, Business Registrations, Code Enforcement Permits and Planning Applications 2022263001-87-1 NAME: CEI ENGINEERING ASSOCIATES INC JOEL HAYS - CU162055859 CUSTOMER NUMBER: CU162055859	\$76.50
Permit Information PERMIT NUMBER: SI-2022-01742 PERMIT DESCRIPTION: TF001: Planning: Technology Fee Application (Site Improv NAME: CEI ENGINEERING ASSOCIATES INC JOEL HAYS - CU162055859	\$1.50 ement Plan)
Permit Information PERMIT NUMBER: SI-2022-01742 PERMIT DESCRIPTION: PL002: Planning: Application Fee (Site Improvement Plan) NAME: CEI ENGINEERING ASSOCIATES INC JOEL HAYS - CU162055859	\$75.00
Mastercard Service Fee 2022263001-87-4	\$2.10
Mastercard Credit Sale M CARD NUMBER: **********6399 FIRST NAME: Brad LAST NAME: Downum	\$76.50
Mastercard Service Fee Credit Sale M CARD NUMBER: *********6399 FIRST NAME: Brad LAST NAME: Downum PAYMENT TYPE: credit	\$2.10
Total Amount:	\$78.60



Payment processing disclaimer. Set me in Workgroup Config

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