



Stormwater Quality Plan Information Sheet and Inspection Fee Schedule

Project Name: _____

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

Plan Preparer Information:

Company: _____

Contact: _____

Address: _____

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

e-Mail: _____

Property Owner Information:

Company: _____

Contact: _____

Address: _____

Phone: _____

e-Mail: _____

I am submitting the ESC Plan (SWPPP map) and NOI to obtain approval for:

___ Grading ___ Building Permit ___ Work Order Construction Plans

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

___ **I am submitting the SWPPP map and NOT to obtain a Stabilization Determination**

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

Commercial BP	< 2 acres \$300 <input type="checkbox"/>	2 to 5 acres \$500 <input type="checkbox"/>	>5 acres \$800 <input type="checkbox"/>
Work Order (WO)	< 5 acres \$300 <input type="checkbox"/>	5 to 40 acres \$500 <input type="checkbox"/>	>40 acres \$800 <input type="checkbox"/>
Multi – family BP	< 5 acres \$500 <input type="checkbox"/>	>5 acres \$800 <input type="checkbox"/>	
Single Family Residential BP	<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 \$ _____

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

Rev June 2023



CITY OF ALBUQUERQUE INVOICE

CHIP MARTIN INSPECTIONS PLUS

504 EL PARAISO RD. NE STE B

Reference NO: SI-2024-01784

Customer NO: CU-168061396

Date	Description	Amount
12/20/24	2% Technology Fee	\$12.10
12/20/24	Application Fee	\$605.00

Due Date: **12/20/24**

Total due for this invoice:

\$617.10

Options to pay your Invoice:

1. Online with a credit card: <https://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



City of Albuquerque
PO Box 1293
Albuquerque, NM 87103

Date: 12/20/24
Amount Due: \$617.10
Reference NO: SI-2024-01784
Payment Code: 130
Customer NO: CU-168061396

CHIP MARTIN INSPECTIONS PLUS
504 EL PARAISO RD. NE STE B
ALBUQUERQUE, NM 87113



130 0000SI20240178400099355121711333600000000000006171CU168061396



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: **2025009001-9**

01/09/2025 8:55:45 AM

Total Amount:	\$617.10
Building Permits, Business Registrations, Code Enforcement Permits and Planning Applications 2025009001-9-1 NAME: CHIP MARTIN INSPECTIONS PLUS - CU168061396 CUSTOMER NUMBER: CU168061396	\$617.10
Permit Information PERMIT NUMBER: SI-2024-01784 PERMIT DESCRIPTION: TF001: Planning: Technology Fee Application (Site Improvement Plan) NAME: CHIP MARTIN INSPECTIONS PLUS - CU168061396	\$12.10
Permit Information PERMIT NUMBER: SI-2024-01784 PERMIT DESCRIPTION: PL002: Planning: Application Fee (Site Improvement Plan) NAME: CHIP MARTIN INSPECTIONS PLUS - CU168061396	\$605.00
ACH	\$617.10
Total Amount:	\$617.10

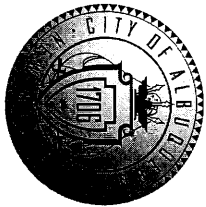


CE2025009001-9

Payment processing disclaimer. Set me in Workgroup Config

Powered by CORE Business Technologies





City of Albuquerque

Planning Department

Timothy M. Keller, Mayor

February 27, 2025

Chip Martin / Inspections Plus LLC
504 El Paraiso Rd NE Ste B
Albuquerque, NM 87113

Dear Business Owner,

We appreciate your business. Unfortunately, your online e-Check payment for:
Permit #: SI-2024-01784
Transaction #: 2025009001-9
in the amount of \$617.10 on 01/09/2025 was invalid due to an invalid account.
Accordingly, we require that you mail a replacement payment in the same amount as the invalid e-
Check to the following address:

Plaza Del Sol
Atten: Mihaela Spilca – 5th Floor
600 2nd St. NW
Albuquerque, NM 87102
(505) 924-3412

Your replacement payment must be received within 30 days, and must be payable to City of Albuquerque.

We appreciate your time, and we look forward to an amicable resolution of this matter. If you have any questions email me upon receipt of this letter at ddombroski@cabq.gov.

Sincerely,

CA

Debbie
fiscal m
o 505.9
e ddoml
cabq.qi

Thank you for your payment.



City of Albuquerque
Reference Number: 2025066001-1
Date/Time: 03/07/2025 8:35:25 AM
Departmental Deposit
2025066001-1-1
Departmental Deposit
GL #: 1110|469006|4955000|||
Total: \$617.10
1 ITEM TOTAL: \$617.10
TOTAL: \$617.10
DUPLICATE RECEIPT 3/7/2025 8:35:43 AM
Check Bank Account #: *****6535
Check Number: 004278
Bank Routing #: *****0327
Address:
Total Received: \$617.10