City of Albuquerque

Planning Department

Stormwater Control Permit for Erosion and Sediment Control

Project Title UNMH - Hospital Phase 1

Project Location (Major Cross Streets/Arroyo or address) 1919 Lomas Blvd NE Albuquerque NM 87131

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: UNMH

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

Name: John Blenk - Project Manager

Phone Number: 505-328-5488

E-mail: jblenk@salud.unm.edu

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

Name: Tony Mendiola - Senior Super. - Bradbury Stamm

Phone: 505-250-1211

e-mail: tmendiola@bradburystamm.com

For City personnel use only:

Check boxes if plans/permit are approved:

☐ **ESC Plan** ☐ **Grading Plan** ☐ **Flood Plain Permit** (strike if not required)

City Personnel Signature: _____

(Rev February 2017)