Stormwater Quality Plan Information Sheet and Inspection Fee Schedule

Project Name:			
Project Location: (add	ress or major cross stree	ets/arroyo)	
Plan Preparer Informa	tion:		
Company:			
Address:			
	((Cell (optional))	
e-Mail:			
Property Owner Inform	nation:		
Company:			
Address:			
Phone:			
e-Mail:			
I am submitting the ES	C plan to obtain appr	oval for:	
	ng PermitWork Or	der Construction Plans	
Note: More than one item car	be checked for a submittal		
Stormwater Quality In	spection fee: (based on d	levelopment type and disturbe	d 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	—	
Single Family Residential	<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 resu	ıbmittal 🗖
1 1011 110 110 110 110 110 φ 100	101 0110 11100 000011110001		
Total due equals the plan	n review fee plus the Sto	ormwater Quality Inspect	ion fee.
Total Due \$			
If you have questions, please	contact Doug Hughes, Stori	mwater Quality 924-3420, jhu	ghes@cabq.gov
Rev Oct. 2020			



CITY OF ALBUQUERQUE INVOICE

BOWMAN CONSULTING GROUP

5601 DEMOCRACY DR ST 205

Reference NO: SI-2023-00225 Customer NO: CU-149973007

Date	Description	Amount
1/25/23	2% Technology Fee	\$8.10
1/25/23	Application Fee	\$405.00

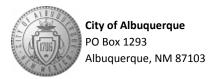
Due Date: 1/25/23 Total due for this invoice: \$413.10

Options to pay your Invoice:

1. Online with a credit card: http://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



Date: 1/25/23 Amount Due: \$413.10

Reference NO: SI-2023-00225

Payment Code: 130

Customer NO: CU-149973007

BOWMAN CONSULTING GROUP 5601 DEMOCRACY DR ST 205 PLANO, TX 75024

վեցիս-բարասիկիրիութ-ինի-արևիիիկորի







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: 2023026001-20

01/26/2023 1:14:06 PM

Total Amount:	\$424.46	
_AST NAME: Medlej PAYMENT TYPE: credit		
FIRST NAME: Talal		
CARD NUMBER: ********8648	φ11.30	
Mastercard Service Fee Credit Sale M	\$11.36	
_AST NAME: Talai _AST NAME: Medlej		
CARD NUMBER: *********8648 FIRST NAME: Talal		
Mastercard Credit Sale M	\$413.10	
Wastercard Service Fee 2023026001-20-4	\$11.36	
NAME: BOWMAN CONSULTING GROUP - CU149973007		
PERMIT DESCRIPTION: TF001: Planning: Technology Fee Application (Site Improvement Plan)		
Permit Information PERMIT NUMBER: SI-2023-00225	\$8.10	
	•	
NAME: BOWMAN CONSULTING GROUP - CU149973007		
PERMIT NUMBER: SI-2023-00225 PERMIT DESCRIPTION: PL002: Planning: Application Fee (Site Improvement Plan)		
Permit Information	\$405.00	
CUSTOMER NUMBER: CU149973007		
NAME: BOWMAN CONSULTING GROUP - CU149973007		
Permits and Planning Applications 2023026001-20-1	• • • • • • • • • • • • • • • • • • • •	
Building Permits, Business Registrations, Code Enforcement	\$413.10	
Total Amount:	\$424.46	



Payment processing disclaimer. Set me in Workgroup Config

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