

CITY OF ALBUQUERQUE

Planning Department
Alan Varela, Director



Mayor Timothy M. Keller

August 27, 2024

David Soule, P.E.
Rio Grande Engineering
P.O. Box 93924
Albuquerque, NM 87199

RE: 1707 Powell SW
Permanent C.O. – Accepted
Engineer's Certification Date: 8/8/2024
Engineer's Stamp Date: 3/6/24
Hydrology File: K12D039

Dear Mr. Soule:

PO Box 1293 Based on the Certification received 08/08/2024 and site visit on 08/09/2024, this letter serves as a "green tag" from Hydrology Section for a Permanent Certificate of Occupancy to be issued by the Building and Safety Division.

Albuquerque If you have any questions, please contact me at 505-924-3314 or amontoya@cabq.gov.

NM 87103

Sincerely,

www.cabq.gov

Anthony Montoya, Jr., P.E.
Senior Engineer, Hydrology
Planning Department, Development Review Services

Floodplain Development Permit Application

Planning Dept., City of Albuquerque

Project Title 1707 POWELL SW

Project Location (Major Cross Streets/Arroyo or address)
1707 POWELL SW

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: JOSEPH PADILLA

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

Phone: 5055736051 E-mail: joepadilla0504@yahoo.com

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

Name: JOSEPH PADILLA

Phone: 5055736051 E-mail: joepadilla0504@yahoo.com

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

Name: DAVID SOULE

Phone: 5053219099 E-mail: DAVID@RIOGRANDEENGINEERING.COM

Section 1: General Provisions (Applicant to read and sign)

1. No work of any kind may start in a Special Flood Hazard Area, SFHA, until a permit is issued.
2. Applicant is hereby informed that other permits may be required to fulfill local, state, and federal regulatory requirements.
3. Applicant hereby gives consent to the Floodplain Administrator and his/her representative to make reasonable inspections required to verify compliance.
4. Applicant must provide a Critical Habitat for Threatened & Endangered Species report prior to any work in a SFHA.
5. Applicant must provide the Base Flood Elevation, BFE, and must provide engineering calculations demonstrating that the development will not increase the BFE or result in increased flood risk on any neighboring property.

6. If this application is for a building the floodplain must be removed by first constructing any required storm drain and/or channel modifications and second acquiring a Letter of Map Revision, LOMR, from FEMA before a building permit will be issued. If storm drain and channel modifications are not involved then a draft Elevation Certificate must be submitted prior to Building Permit and a Final Elevation Certificate must be submitted prior to Certificate of Occupancy.
7. A Conditional Letter of Map Revision, CLOMR, is required prior to any work in the FLOODWAY, if applicable.
8. The applicant certifies that all statements herein and in attachments to this application are, to the best of my knowledge, true and accurate.

Applicant Signature *David Soule* Date 3/13/24

Applicant Printed Name DAVID SOULE Phone #: 505.321.9099

Owner Signature *Joseph Padilla* Date 3/13/24

Owner Printed Name JOSEPH PADILLA Phone #: 5055736051

Applicant is (check one): Owner ☐ Builder ☐ Engineer/Architect ☒

Section 2: Proposed Development in Special Flood Hazard Area (to be completed by Applicant)

A. Building Development and Building Type

ACTIVITY

☒ New Building

☐ Addition

☐ Alteration

☐ Relocation

☐ Demolition

☐ Replacement

STRUCTURE TYPE

☒ Residential (1-4 Family)

☐ Residential (More than 4 Family)

☐ Non Residential (Flood-proofing? ☐ Yes)

☐ Combined Use (Residential & Commercial)

☐ Manufactured Home (In Mobile Home Park? ☐ Yes)

If an addition or alteration:

Estimated Cost of Project \$ 300,000

Estimated Value of structure before addition/alteration. \$ 0

Percent of value (new construction /existing value) 100 %

B. Other Development Activities

___ Clearing ^X___ Grading ___ Utilities ___ Paving

___ Watercourse Alteration (Bridge or Channel Modification)

___ Drainage Improvements (Storm drain or culverts)

___ Road, Street or Bridge Construction

___ Subdivision

___ Walls or Fences

___ Storage of Materials/Equipment for more than a year. (Materials Volume (cu. Ft.) ___)

Other (Please Specify) _____

Is there a Grading & Drainage Plan associated with this work? Yes ^X___ No ___

Drainage file Number: _____

Section 3: Floodplain Determination (Completed by the Floodplain Administrator)

____ The proposed development is located on FIRM Panel: _____

____ The proposed development is located in Zone X and NO FLOODPLAIN DEVELOPMENT PERMIT IS REQUIRED.

____ A portion of the proposed development is located in a SFHA but not any buildings so an approved G&D Plan is required (Engineer's Stamp Date _____) prior to issuance of a Floodplain Development Permit and no Building Permit will be issued for this construction.

____ A portion of the proposed Building is located in a SFHA but the project does not include any storm drain improvements and/or channel modifications so:

1. Approved G&D Plan is required (Engineer's Stamp Date _____) prior to issuance of a Floodplain Development Permit,
2. Draft Elevation Certificate (Date _____) is required prior to issuance of a Building Permit, and
3. Final Elevation Certificate and Engineer's Certification is required prior to Certificate of Occupancy.

____ A portion of the proposed Building is located in a SFHA and the project includes storm drain improvements and/or channel modifications that will change the floodplain location so

1. An Approved Grading and Drainage Plan is required (Engineer's Stamp Date _____) prior to issuing a Flood Plain Development Permit and a Grading Permit and/or a Work Order.
2. The improvements must be constructed and an Approved Engineer's Certification (Engineer's Stamp Date _____) and an Approved LOMR Request (Engineer's Stamp Date _____) must be approved by Hydrology prior to approval of the LOMR application to FEMA.
3. The Floodplain must be removed by a LOMR from FEMA (Date _____) prior to issuance of a Building Permit.

____ A portion of the proposed development is located in a FLOODWAY so:

1. Approved G&D Plan (Engineer's Stamp Date _____) and an Approved CLOMR Request (Date _____) is required prior to approval of the application to FEMA, and
2. CLOMR from FEMA (Date _____) is required prior to issuance of a Floodplain Development Permit, a Grading Permit, and/or a Work Order.
3. The improvements must be constructed and an Approved Engineer's Certification (Engineer's Stamp Date _____) and an Approved LOMR Request (Engineer's Stamp Date _____) must be approved by Hydrology prior to approval of the LOMR application to FEMA (Date _____).
4. The Floodplain must be removed by a LOMR from FEMA (Date _____) prior to issuance of a Building Permit.

Drainage File Number: _____

Floodplain Permit Number: _____

Signed: _____

Date: _____

Printed Name: _____

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name: _____		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>1707 Powell Rd. S.W.</u>		Company NAIC Number: _____
City: <u>Albuquerque</u> State: <u>NM</u> ZIP Code: <u>87105</u>		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot 9 Powell Gardens Addition</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>35°07'51"</u> Long. <u>106°68'35"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84		
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number: <u>I-B</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): <u>N/A</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>0</u>		
d) Total net open area of non-engineered flood openings in A8.c: <u>0</u> sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation - see Instructions): <u>0</u> sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable - see Instructions): <u>0</u> sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: <u>600±</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u>		
d) Total net open area of non-engineered flood openings in A9.c: <u>0</u> sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation - see Instructions): <u>0</u> sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable - see Instructions): <u>0</u> sq. ft.		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1.a. NFIP Community Name: <u>City of Albuquerque</u>		B1.b. NFIP Community Identification Number: <u>350001</u>
B2. County Name: <u>Bernalillo</u>	B3. State: <u>NM</u>	B4. Map/Panel No.: <u>35001C 0333</u>
B5. Suffix: <u>H</u>		
B6. FIRM Index Date: <u>7-26-08</u>	B7. FIRM Panel Effective/Revised Date: <u>8-16-12</u>	
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>4947</u>	
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____		
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: <u>N/A</u> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA		
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

1707 Powell Rd. S.W.

City: Albuquerque State: NM ZIP Code: 87105

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: "27-K12" Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

☐ Yes ☒ No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor):

4848.8

☒ feet ☐ meters

b) Top of the next higher floor (see Instructions):

N/A

☐ feet ☐ meters

c) Bottom of the lowest horizontal structural member (see Instructions):

N/A

☐ feet ☐ meters

d) Attached garage (top of slab):

4848.4

☒ feet ☐ meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):

4848.8

☒ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ☒ Finished

4948.1

☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ☒ Finished

4948.5

☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:

N/A

☐ feet ☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

☐ Check here if attachments and describe in the Comments area.

Certifier's Name: Anthony L. Harris License Number: NMPS 11463

Title: President

Company Name: Harris Surveying Inc.

Address: 1308 Cielo Vista Del Sur

City: Corrales State: NM ZIP Code: 87048

Signature: Anthony L. Harris Date: 8-1-24

Telephone: 505-889-8056 Ext.: _____ Email: harrisurveying51@gmail.com



Place Seal Here

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>1707 Powell Rd. S.W.</u>	FOR INSURANCE COMPANY USE
City: <u>Albuquerque</u> State: <u>NM</u> ZIP Code: <u>87105</u>	Policy Number: _____ Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is: 0.7 ☒ feet ☐ meters ☒ above the LAG

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ ☐ feet ☐ meters ☐ above the LAG

H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

☒ Yes ☐ No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

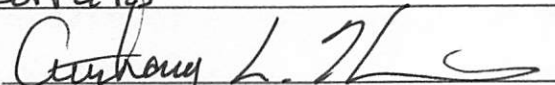
The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

☐ Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: Harris Surveying Inc.

Address: 1308 Cielo Vista Del Sur

City: Corralitos State: NM ZIP Code: 87048

Signature:  Date: 8-1-24

Telephone: 505-889-8456 Ext.: _____ Email: harrissurveying51@gmail.com

Comments: _____

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

1707 Powell

City: alb State: nm ZIP Code: 87105

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo One



Photo One Caption: front

Clear Photo One

Photo Two



Photo Two Caption: rear

Clear Photo Two

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

1707 Powell

City: albuquerque State: nm ZIP Code: 87105

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three



Photo Three Caption: right

Clear Photo Three

Photo Four



Photo Four Caption: left

Clear Photo Four