# Stormwater Quality Plan Information Sheet and Inspection Fee Schedule

Project Name:			
Project Location: (add	ress or major cross stree	ets/arroyo)	
Plan Preparer Informa	ation:		
Company:			
Address:			
·	(	(Cell (optional))	
e-Mail:			
<b>Property Owner Inform</b>	mation:		
Company:			
Address:			
Phone:			
e-Mail:			
I am submitting the ES	C plan to obtain appr	oval for:	
	ng PermitWork Ord	der Construction Plans	
Note: More than one item car	i be checked for a submittal		
Stormwater Quality In	spection fee: (based on d	evelopment type and disturbed	d area)
Commercial	< 2 acres \$300		>5 acres \$800
Land/Infrastructure	< 5 acres \$300	5 to 40 acres \$500	>40 acres \$800
Multi - family	< 5 acres \$500	≥5 acres \$800	
Single Family Residential	<5 acres \$500	5 to 40 acres \$1000	> 40 acres \$1500 <b></b>
Dlag Daview for is \$105	for the first sylvatited [	75 00 far a new	l:44-1 <b>(</b>
Plan Review lee is \$105	for the first submittal	and \$75.00 for a resu	omiliai 🔲
Total due equals the plan	n review fee plus the Sto	ormwater Quality Inspect	ion fee.
Total Due \$			
		nwater Quality 924-3420, jhu	ghes@cabq.gov
Rev May 2019			



# CITY OF ALBUQUERQUE INVOICE

#### **CHIP MARTIN INSPECTIONS PLUS**

**504 EL PARAISO RD. NE STE B** 

Reference NO: SI-2022-01976 Customer NO: CU-168061396

DateDescriptionAmount10/20/222% Technology Fee\$8.1010/20/22Application Fee\$405.00

Due Date: 10/20/22 Total due for this invoice: \$413.10

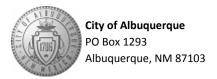
#### Options to pay your Invoice:

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: 10/20/22 Amount Due: \$413.10

**Reference NO:** SI-2022-01976

Payment Code: 130

**Customer NO:** CU-168061396

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

### դովոսըկներուիլիՍիկրիիովիՍիՍիկի







## 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: 2022293005-36

10/21/2022 12:20:00 PM

Total Amount:	\$424.46		
Mastercard Service Fee Credit Sale M CARD NUMBER: ********2605 FIRST NAME: Chip LAST NAME: Martin PAYMENT TYPE: credit	\$11.36		
Mastercard Credit Sale M CARD NUMBER: ***********2605 FIRST NAME: Chip LAST NAME: Martin	\$413.10		
Mastercard Service Fee 2022293005-36-4	\$11.36		
Permit Information PERMIT NUMBER: SI-2022-01976 PERMIT DESCRIPTION: PL002: Planning: Application Fee (Site Impro-NAME: CHIP MARTIN INSPECTIONS PLUS - CU168061396	\$405.00 vement Plan)		
Permit Information PERMIT NUMBER: SI-2022-01976 PERMIT DESCRIPTION: TF001: Planning: Technology Fee Application NAME: CHIP MARTIN INSPECTIONS PLUS - CU168061396			
Building Permits, Business Registrations, Code Enforcement Permits and Planning Applications 2022293005-36-1 NAME: CHIP MARTIN INSPECTIONS PLUS - CU168061396 CUSTOMER NUMBER: CU168061396	\$413.10		
Total Amount:	\$424.46		



Payment processing disclaimer. Set me in Workgroup Config

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