



City of Albuquerque

Planning Department

Stormwater Control Permit for Erosion and Sediment Control

Project Title_____

Project Location (Major Cross Streets/Arroyo
or address)_____

Property Owner: (Note: If applying for a Building Permit, the “Owner” or “Company” name on this form must match the “Owner” name on the Building Permit.)

Company or Owner Name:_____

Street:_____

City, State, Zip Code:_____

Responsible Person:

Name:_____

Phone Number:_____

E-mail:_____

-The person listed on the permit and/or the onsite representative will be contacted if any issues are observed during an inspection.

For City personnel use only:

City Personnel Signature:_____ Date_____

(Rev January 2019)