



Stormwater Quality Plan Information Sheet and Inspection Fee Schedule

Project Name: _____

Project Location: (address or major cross streets/arroyo) _____

Plan Preparer Information:

Company: _____

Contact: _____

Address: _____

Phone Number: (O) _____ (Cell (optional)) _____

e-Mail: _____

Property Owner Information:

Company: _____

Contact: _____

Address: _____

Phone: _____

e-Mail: _____

I am submitting the ESC plan to obtain approval for:

___ Grading ___ Building Permit ___ Work Order Construction Plans

Note: More than one item can be checked for a submittal

Stormwater Quality Inspection fee: (based on development type and disturbed area)

Commercial	< 2 acres \$300 <input type="checkbox"/>	2 to 5 acres \$500 <input type="checkbox"/>	>5 acres \$800 <input type="checkbox"/>
Land/Infrastructure	< 5 acres \$300 <input type="checkbox"/>	5 to 40 acres \$500 <input type="checkbox"/>	>40 acres \$800 <input type="checkbox"/>
Multi - family	< 5 acres \$500 <input type="checkbox"/>	≥5 acres \$800 <input type="checkbox"/>	
Single Family Residential	<5 acres \$500 <input checked="" type="checkbox"/>	5 to 40 acres \$1000 <input type="checkbox"/>	> 40 acres \$1500 <input type="checkbox"/>

Plan Review fee is \$105 for the first submittal ☐ and \$75.00 for a resubmittal ☐

Total due equals the plan review fee plus the Stormwater Quality Inspection fee.

Total Due \$ _____

If you have questions, please contact Doug Hughes, Stormwater Quality 924-3420, jhughes@cabq.gov

Rev May 2019



Construction Erosion and Sediment Control (ESC) Permit

Project Title _____

Project Address _____

Property Owner:

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.

At a minimum a routine compliance self-inspection is required to review the project for compliance with the Construction General Permit once every 14 days and after any precipitation event of 1/4 inch or greater until the site construction has been completed and the site determined as stabilized by the city. Reports of these inspections shall be kept by the person or entity authorized to direct the construction activities on the site along with a copy of the CGP, the "stormwater team" contact sheet, and the approved ESC Plan. This permit expires the day after the "Project End Date" of the Low Erosivity Waver (LEW) or one year from the date signed below, whichever happens first.

For City personnel use only:

City Personnel Signature: _____ Date _____



CITY OF ALBUQUERQUE INVOICE

MATHEW VALLEJOS

**GREEN GLOBE ENVIRONMENTAL PO BOX P.O.
BOX 400**

Reference NO: SI-2022-00171

Customer NO: CU-149989944

Date	Description	Amount
1/26/22	2% Technology Fee	\$12.10
1/26/22	Application Fee	\$605.00

Due Date: **1/26/22**

Total due for this invoice:

\$617.10

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



City of Albuquerque
PO Box 1293
Albuquerque, NM 87103

Date: 1/26/22
Amount Due: **\$617.10**
Reference NO: SI-2022-00171
Payment Code: 130
Customer NO: CU-149989944

MATHEW VALLEJOS
GREEN GLOBE ENVIRONMENTAL PO
BOX P.O. BOX 400
LOS LUNAS, NM 87031



130 0000SI20220017100099355115235922400000000000006171CU149989944



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: **2022025006-66**

01/26/2022 2:36:24 PM

Total Amount:	\$634.07
Building Permits, Business Registrations, Code Enforcement Permits and Planning Applications 2022025006-66-1 NAME: MATHEW VALLEJOS - CU149989944 CUSTOMER NUMBER: CU149989944	\$617.10
Permit Information PERMIT NUMBER: SI-2022-00171 PERMIT DESCRIPTION: PL002: Planning: Application Fee (Site Improvement Plan) NAME: MATHEW VALLEJOS - CU149989944	\$605.00
Permit Information PERMIT NUMBER: SI-2022-00171 PERMIT DESCRIPTION: TF001: Planning: Technology Fee Application (Site Improvement Plan) NAME: MATHEW VALLEJOS - CU149989944	\$12.10
Visa Service Fee 2022025006-66-4	\$16.97
Visa Credit Sale M CARD NUMBER: *****0753 FIRST NAME: MATTHEW LAST NAME: VALLEJOS AUTH CODE: 04345G	\$617.10
Visa Service Fee Credit Sale M CARD NUMBER: *****0753 FIRST NAME: MATTHEW LAST NAME: VALLEJOS PAYMENT TYPE: credit AUTH CODE: 04362G	\$16.97
Total Amount:	\$634.07



Payment processing disclaimer. Set me in Workgroup Config

Powered by CORE Business Technologies

