Stormwater Quality Inspection Fee Conversion

Project Name: ___________________________________________________________

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

________________________________________________________________________

I wish to change my Stormwater Quality Inspection Fee from $100 per inspection to the
one-time fee paid in advance. All invoiced inspection fees are to be paid prior to
completing this form.

Return form to Stormwater Quality after payment is made on invoiced inspection fees, if any.

Owner Information:
Company: ________________________________________________________________
Contact: _________________________________________________________________
Phone: __________________________________________________________________
e-Mail: __________________________________________________________________

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

<table>
<thead>
<tr>
<th>Development Type</th>
<th>&lt; 2 acres</th>
<th>2 to 5 acres</th>
<th>&gt; 5 acres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>$300</td>
<td>$500</td>
<td>$800</td>
</tr>
<tr>
<td>Land/Infrastructure</td>
<td>$300</td>
<td>$500</td>
<td>$800</td>
</tr>
<tr>
<td>Multi - family</td>
<td>$500</td>
<td>&gt;5 acres</td>
<td>$800</td>
</tr>
<tr>
<td>Single Family</td>
<td>&lt;5 acres</td>
<td>5 to 40 acres</td>
<td>&gt;40 acres</td>
</tr>
<tr>
<td>Residential</td>
<td>$500</td>
<td>$1000</td>
<td>$1500</td>
</tr>
</tbody>
</table>

Section to be completed by Stormwater Quality
Project Number: ______________________
Inspection fee per table above: $___________
Amount paid for inspection fees: $___________

Total due is the amount in the inspection fee table minus the amount paid for inspections to date.

Treasury use:
Total Due $___________
Permit Number: 2019 100 __ __ __ Category Code 970

If you have questions, please contact Curtis Cherne, Stormwater Quality 924-3420, ccherne@cabq.gov

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