

REQUEST FOR CITY PROJECT NUMBER

Date: _____

Project Type: A/E AHBA CIP SUR ABCWUA

IS THIS A PHASE OF AN EXISTING PROJECT: YES NO

IF YES, EXISTING PROJECT NUMBER: _____

NAME OF PROJECT:

ADDRESS OF PROJECT:

NOTE: Include a vicinity map of the project location!!! Zone atlas maps can be found on [this website](#).

MAP NO.:

DESCRIPTION OF PROPOSED WORK:

PROJECT MANAGER/PHONE NUMBER:

REQUESTED BY:

Name Phone No. Fax No.

- All CIP Project requests must come from the Project Manager. All PWC (On-call Construction) requests must come from the appointed representative from Construction Management Division, Department of Municipal Development.

YOUR PROJECT NUMBER IS: _____

Planning Department Design Review

Derrick Garcia
dgarcia@cabq.gov
Tel No. 924-3975

Or

Jeanne Wolfenbarger
jwolfenbarger@cabq.gov
Tel No. 924-3993