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: https://www.cabq.gov/planning/agis-maps/maps-for-the-public

MAP NO.:

DESCRIPTION OF PROPOSED WORK:

PROJECT MANAGER/PHONE NUMBER:

REQUESTED BY:

Name: ____________ Phone No.: _______ E-mail: ____________

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

YOUR PROJECT NUMBER IS: ___________________

Planning Department Design Review

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