



City of Albuquerque

City of Albuquerque
Government Center
One Civic Plaza
Albuquerque, NM 87102

Legislation Text

File #: EC-20-26, **Version:** 1



INTER-OFFICE MEMORANDUM

January 22, 2019

TO: Pat Davis, President, City Council

FROM: Timothy M. Keller, Mayor

SUBJECT:
Mayor's Appointment of Scott C. Anderson to the Fire Code Board of Appeals

I am submitting for your advice and consent the following name for appointment to the Fire Code Board of Appeals in accordance with the City of Albuquerque Ordinance O-12-23.

APPOINTEE NAME	TERM
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Mr. Scott C. Anderson

January 1, 2023 7604 Rio

Penasco Court NW Albuquerque, NM 87120-5315 Mr. Anderson is Owner and Principal in Charge of Scott Anderson and Associates. He holds a bachelor's and master's degree in architecture from the University of New Mexico and is a licensed architect in the states of New Mexico, Colorado, and Arizona. He is recognized by the Construction Specifications Institute as a Certified Document Technician, and a Certified Construction Contracts Administrator. He is also a LEED Accredited Professional. Mr. Anderson has a strong body of work experience that includes master planning, community centers, multi-family, renovation projects, community based projects and occupied facilities that need to stay open for the duration of construction, and projects for a wide variety of public agencies, private sector developers, and tribal entities. A resident of City Council District 5, Mr. Anderson will serve as the Architect Registered in the State of New Mexico on the Board and his first term will expire January 1, 2023.

The remaining members are: Representing Name

Term 1. Fire Protection Contractor Licensed in the State of New Mexico Mr. Lance Hunter 01/01/2016 2. Architect Registered in the State of New Mexico Tina Reames 01/01/2016 3. Local City of Albuquerque Small Business Owner Vacant 4. Certified Industrial Safety Mr. Gilbert D. Gallegos 01/01/2016 5. City of Albuquerque Resident Vacant

Fire Code Board of Appeals

Appointment of Mr. Scott Anderson

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Sarita Nair, Chief Administrative Officer

____/____/____
Date