



PLANNING AND DEVELOPMENT SERVICES

BOISE CITY HALL: 150 N. CAPITOL BLVD | MAIL: PO BOX 500, BOISE, ID 83701-0500
CITYOFBOISE.ORG/PDS | P: 208-608-7070 | F: 208-384-3753 | TTY/TTD: 800-377-3529

Record No.:

For Office Use Only

605-Cooking Hood System

Address

Street No.: Direction: Street Name: Street Type: Unit Type: Unit No.:

City: State: Zip Code: Zoning District:

Parcel Number: Additional Parcel Numbers:

Applicant Information Primary Contact

First Name: Last Name: Company:

Address: City: State: Zip Code:

Email: Main Phone: Cell Phone:

Representative Information Primary Contact Same as Applicant?

First Name: Last Name: Company:

Address: City: State: Zip Code:

Email: Main Phone: Cell Phone:

Owner Information Primary Contact Same as Applicant?

First Name: Last Name: Company:

Address: City: State: Zip Code:

Email: Main Phone: Cell Phone:

Project Information

Project Name (if applicable):

Scope of Work:

Project Details

If this permit application is associated with an active permit but you do not know the Permit Number (BLD00-00000 or GRD00-00000), please use our [Search page](#) to look up active permits by address or parcel.

The associated permit must be Issued before this permit application can be submitted. If you receive a message stating that the other permit has not yet been issued, you can save this application and submit at a later date.

Associated Records

Is there an active permit associated with this Cooking Hood permit?: - Providing an associated permit number will link the two permits together for ease of tracking, fee payment, and project management.

Yes No

Associated Permit Number: - If you do not know the Permit Number (in the form of BLD00-00000 or GRD00-00000), please Search for the number prior to submitting. Please enter only 1 (one). Additional numbers can be added into the Scope of Work.

General Information

Jurisdiction:

Boise City North Ada County Garden City
 Sunset

Account Number: - This number is often provided to contractors and subcontractors by larger companies (i.e. Micron, St. Luke's Medical, etc.) to assist in tracking their construction projects. If you do not have an account or customer number, please leave this field blank.

Type of Use:

Commercial Daycare Education Hotel
 Industrial Medical Office/Hospital Motel
 Multiple Family Dwelling Office
 Public/Government Religious
 Single Family Dwelling Carport Garage
 Storage

Installation Type:

New Installation Repair Replacement

Fire Alarm System Present:

Yes No

Number of Flow Points Available:

Number of Flow Points Used:

Number of Appliances Covered by System:

Number of Hoods Protected by System:

Design/installation shall be in accordance with the IFC and NFPA standards.

Required Documentation and Drawings

Provide UL Listing and/or manufacturer's installation requirements to field inspector.

By signing below:

1. The undersigned is the owner of the indicated property or acting as the owner's authorized representative.
2. The undersigned declares that the above provided information is true and accurate, and acknowledges that failure to provide true and accurate information may result in rejection of this application, possible revocation of the permit where wrongfully issued and subject the undersigned to any applicable penalties.

Print Authorized Representative or Owner's Name

Authorized Representative or Owner's Signature

Date