



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

516-Commercial Rack-Shelving

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

As of January 1, 2006, the [Idaho State Statute 54-5209](#) requires that:

No building inspector or such other authority of any county, municipality or district charged with the duty of issuing building permits or other permits for construction of any type shall issue any type of permit without first requesting presentment of an Idaho contractor's registration number; provided however, a permit may be issued to a person otherwise exempt from the provisions of this chapter provided such permit shall conspicuously contain the phrase 'no contractor registration provided' on the face of such permit.

To comply with this state statute, Planning and Development Services requires a registration number be supplied with this permit application. A permit application is incomplete without this information, and cannot be processed until a registration number is provided, or the permit applicant declares themselves to be exempt per the exemptions listed in Idaho State 54-5205.

Agreements

Who is performing the work on this permit?:

- Property Owner or Other Exempt Registered Contractor
 To Be Determined

I am not providing a Contractor Registration Number because I am exempt per Idaho State Code 54-5205:

By checking the box below, I agree that I have read and understand the requirements above:

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

Associated Records

Is there an active permit associated with this Racking 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), please Search for the number prior to submitting. Please enter only 1 (one). Additional numbers can be added into the Scope of Work.

Property Information

Property in Historic District:

- Yes No

Property In Design Review Zone:

- Yes No

Property In Hillside:

- Yes No

Property In Floodplain:

- Yes No

Property In Wildland Urban Interface (WUI):

- Yes No

Building and Fire Information

Account Number:

Type of Permit:

- Racking/Shelving

Type of Use:

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

Type of Work:

- Alteration New Repair Addition

Building Height: - Ft.

Number of Stories:

Existing Building Area: - Sq.Ft.

Fire Flow: - GPM - Fire Flow information is provided by [Veolia Water](https://mywater.veolia.us/) - <https://mywater.veolia.us/>. Visit their website to obtain data and the required form.

Fire Alarm System Present:

- Yes No

Fire Alarm System Has Visual Notification:

- Yes No

Modifications are Required to Maintain Visibility:

- Yes No

Building is Fully Sprinklered:

- Full No Partial

Location of Sprinklers:

Sprinklers are used for Allowable Area Increase:

- Yes No

Sprinklers are used for Story Increase:

- Yes No

Sprinklers are used for Fire-Resistive Substitution:

- Yes No

Other Sprinkler Use:

Project includes High Pile Storage:

- Yes No

Project Requires Operational Permit(s):

- Yes No

Explain Operational Permit(s):

Preliminary Plan Review Has Been Conducted:

- Yes No

Plans Examiner Name:

Building Stories

Provide the square footage for each story of the building.

| Story | Basement | Existing Square Footage | New Square Footage | Total Square Footage |
|-------|-------------------------------------------------------------|-------------------------|--------------------|----------------------|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Building Occupancy

List each occupancy classification for the building and indicate which floors the occupancy applies to.

| Occupancy Group | Occupant Load | Floor Load | Applicable Building Stories |
|-----------------|---------------|------------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Storage Information

Please be as detailed as possible to avoid delays during review.

Clear Height from Storage to Sprinkler Heads: - Ft. In.

Maximum Rack or Shelving Fixture Height: - Ft. In.

Anticipated Maximum Storage Height: - Ft. In.

Total Area of Racking and Shelving: - Sq.Ft.

Where are the rack/shelving units located:

Inside Building Outside Building

Storing Combustible Materials:

Yes No

Storing Flammable Materials:

Yes No

Storing Aerosols:

Yes No

Total Number of Aerosols:

Percentage of Level 1 Aerosols:

Percentage of Level Two Aerosols:

Percentage of Level Three Aerosols:

Percentage of Total Storage Area used for Aerosols:

Description of Items to be Stored:

Requires Building Access:

Yes No

Requires Smoke Heat Vents:

Yes No

Draft Curtains Required:

Yes No

Number of Arrays:

Racks

| Storage ID | Rows | Shelving Type | Movable | Carousel | Horizontal Barriers | Longitudinal Flue Spacing | Transverse Flue Spacing |
|------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------|----------|---------------------|---------------------------|-------------------------|
| | <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Multiple | <input type="checkbox"/> Open <input type="checkbox"/> Closed | | | | | |
| | <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Multiple | <input type="checkbox"/> Open <input type="checkbox"/> Closed | | | | | |
| | <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Multiple | <input type="checkbox"/> Open <input type="checkbox"/> Closed | | | | | |
| | <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Multiple | <input type="checkbox"/> Open <input type="checkbox"/> Closed | | | | | |
| | <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Multiple | <input type="checkbox"/> Open <input type="checkbox"/> Closed | | | | | |

Piles

| Storage ID | Stabilization | Pile Width | Pile Length | Pile Height | Pile Separation |
|------------|----------------------------------------------------------------------|------------|-------------|-------------|-----------------|
| | <input type="checkbox"/> Stable <input type="checkbox"/> Unstable | | | | |
| | <input type="checkbox"/> Stable <input type="checkbox"/> Unstable | | | | |
| | <input type="checkbox"/> Stable <input type="checkbox"/> Unstable | | | | |
| | <input type="checkbox"/> Stable <input type="checkbox"/> Unstable | | | | |
| | <input type="checkbox"/> Stable <input type="checkbox"/> Unstable | | | | |

Flammable/Combustible Liquids

Flammable Liquid Class - 1A, 1B, 1C

Combustible Liquid Class - 2, 3A, 3B

Please Note: If you have a number of flammable or combustible liquids, a hazardous material inventory may be required.

| Applicable Storage ID | Liquid Type | Container Type | Combustible or Non-Combustible Containers | Individual Container Size | Intermediate Bulk Containers (IBC) | Provided SDS |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------|------------------------------------|--------------|
| | <input type="checkbox"/> 1A <input type="checkbox"/> 2 <input type="checkbox"/> 1B <input type="checkbox"/> 3A <input type="checkbox"/> 1C <input type="checkbox"/> 3B | <input type="checkbox"/> Non-Relieving Container <input type="checkbox"/> Relieving Container | <input type="checkbox"/> Combustible <input type="checkbox"/> Non-Combustible | | | |
| | <input type="checkbox"/> 1A <input type="checkbox"/> 2 <input type="checkbox"/> 1B <input type="checkbox"/> 3A <input type="checkbox"/> 1C <input type="checkbox"/> 3B | <input type="checkbox"/> Non-Relieving Container <input type="checkbox"/> Relieving Container | <input type="checkbox"/> Combustible <input type="checkbox"/> Non-Combustible | | | |
| | <input type="checkbox"/> 1A <input type="checkbox"/> 2 <input type="checkbox"/> 1B <input type="checkbox"/> 3A <input type="checkbox"/> 1C <input type="checkbox"/> 3B | <input type="checkbox"/> Non-Relieving Container <input type="checkbox"/> Relieving Container | <input type="checkbox"/> Combustible <input type="checkbox"/> Non-Combustible | | | |
| | <input type="checkbox"/> 1A <input type="checkbox"/> 2 <input type="checkbox"/> 1B <input type="checkbox"/> 3A <input type="checkbox"/> 1C <input type="checkbox"/> 3B | <input type="checkbox"/> Non-Relieving Container <input type="checkbox"/> Relieving Container | <input type="checkbox"/> Combustible <input type="checkbox"/> Non-Combustible | | | |

Commodity Classes

Add each commodity class as a separate row in this table.

| Storage ID | Commodity Class | Stabilization | Free Flowing Y/N | Expanded or Unexpanded | Percent Plastics |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------|--------------------------------------------------------------------------|------------------|
| | <input type="checkbox"/> Group A Plastics <input type="checkbox"/> Class I <input type="checkbox"/> Group B Plastics <input type="checkbox"/> Class II <input type="checkbox"/> Natural Fiber Cotton <input type="checkbox"/> Class III <input type="checkbox"/> Rolled Paper <input type="checkbox"/> Class IV | <input type="checkbox"/> Stable <input type="checkbox"/> Unstable | | <input type="checkbox"/> Expanded <input type="checkbox"/> Unexpanded | |
| | <input type="checkbox"/> Group A Plastics <input type="checkbox"/> Class I <input type="checkbox"/> Group B Plastics <input type="checkbox"/> Class II <input type="checkbox"/> Natural Fiber Cotton <input type="checkbox"/> Class III <input type="checkbox"/> Rolled Paper <input type="checkbox"/> Class IV | <input type="checkbox"/> Stable <input type="checkbox"/> Unstable | | <input type="checkbox"/> Expanded <input type="checkbox"/> Unexpanded | |
| | <input type="checkbox"/> Group A Plastics <input type="checkbox"/> Class I <input type="checkbox"/> Group B Plastics <input type="checkbox"/> Class II <input type="checkbox"/> Natural Fiber Cotton <input type="checkbox"/> Class III <input type="checkbox"/> Rolled Paper <input type="checkbox"/> Class IV | <input type="checkbox"/> Stable <input type="checkbox"/> Unstable | | <input type="checkbox"/> Expanded <input type="checkbox"/> Unexpanded | |
| | <input type="checkbox"/> Group A Plastics <input type="checkbox"/> Class I <input type="checkbox"/> Group B Plastics <input type="checkbox"/> Class II <input type="checkbox"/> Natural Fiber Cotton <input type="checkbox"/> Class III <input type="checkbox"/> Rolled Paper <input type="checkbox"/> Class IV | <input type="checkbox"/> Stable <input type="checkbox"/> Unstable | | <input type="checkbox"/> Expanded <input type="checkbox"/> Unexpanded | |

Storage Type/Method

| Storage ID | Addressed on Plans Y/N | Array Height | Aisle Width | Deck or Ceiling Height | Palletized Y/N | Pallet Type | Encapsulated Y/N | Solid Piled Y/N | Rack Y/N | Shelf Y/N | Bin Boxes Y/N | Compartmented Y/N | Cartoned Y/N | Back to Back Shelf Y/N |
|------------|------------------------|--------------|-------------|------------------------|----------------|-------------------------------------------------------------------|------------------|-----------------|----------|-----------|---------------|-------------------|--------------|------------------------|
| | | | | | | <input type="checkbox"/> Plastic <input type="checkbox"/> Wood | | | | | | | | |
| | | | | | | <input type="checkbox"/> Plastic <input type="checkbox"/> Wood | | | | | | | | |
| | | | | | | <input type="checkbox"/> Plastic <input type="checkbox"/> Wood | | | | | | | | |
| | | | | | | <input type="checkbox"/> Plastic <input type="checkbox"/> Wood | | | | | | | | |
| | | | | | | <input type="checkbox"/> Plastic <input type="checkbox"/> Wood | | | | | | | | |

Protection of Idle Pallets

Provide information on all locations and types of Idle Pallet storage.

| Pallet Type | Indoor or Outdoor | Storage Location | Storage Height |
|-------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------|
| <input type="checkbox"/> Plastic <input type="checkbox"/> Wood | <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor | <input type="checkbox"/> Above Doors <input type="checkbox"/> On Floor <input type="checkbox"/> On Racks | |
| <input type="checkbox"/> Plastic <input type="checkbox"/> Wood | <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor | <input type="checkbox"/> Above Doors <input type="checkbox"/> On Floor <input type="checkbox"/> On Racks | |

Rubber Tire Storage

| Storage ID | Storage Type | Storage Method | Portable Rack Dimension |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------|
| | <input type="checkbox"/> Laced <input type="checkbox"/> Pyramid <input type="checkbox"/> On Side <input type="checkbox"/> Rack <input type="checkbox"/> On Tread | <input type="checkbox"/> Floor <input type="checkbox"/> Portable Rack <input type="checkbox"/> Stationary Rack | |
| | <input type="checkbox"/> Laced <input type="checkbox"/> Pyramid <input type="checkbox"/> On Side <input type="checkbox"/> Rack <input type="checkbox"/> On Tread | <input type="checkbox"/> Floor <input type="checkbox"/> Portable Rack <input type="checkbox"/> Stationary Rack | |
| | <input type="checkbox"/> Laced <input type="checkbox"/> Pyramid <input type="checkbox"/> On Side <input type="checkbox"/> Rack <input type="checkbox"/> On Tread | <input type="checkbox"/> Floor <input type="checkbox"/> Portable Rack <input type="checkbox"/> Stationary Rack | |
| | <input type="checkbox"/> Laced <input type="checkbox"/> Pyramid <input type="checkbox"/> On Side <input type="checkbox"/> Rack <input type="checkbox"/> On Tread | <input type="checkbox"/> Floor <input type="checkbox"/> Portable Rack <input type="checkbox"/> Stationary Rack | |
| | <input type="checkbox"/> Laced <input type="checkbox"/> Pyramid <input type="checkbox"/> On Side <input type="checkbox"/> Rack <input type="checkbox"/> On Tread | <input type="checkbox"/> Floor <input type="checkbox"/> Portable Rack <input type="checkbox"/> Stationary Rack | |

Building Fire Sprinklered

| Applicable Storage ID | Fire Sprinkler Spacing | Design Density | Design Area | ESFR | Starting PSI | Number of Sprinklers Flowing | Hose Allowance |
|-----------------------|------------------------|----------------|-------------|------|--------------|------------------------------|----------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Planning

If any planning approvals were required for this racking or shelving, list the planning application numbers below.

Design Review Number:

Historic Preservation Number:

Conditional Use Number:

Zoning Certificate Number:

Other Case Number:

Certificate of Value

Total Project Value: - Used to calculate fees for the Structural permit. Project Value is the total value of all construction work for which the permit is issued (including overhead and profit), as well as finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire extinguishing systems and other permanent equipment.

Will the owner be supplying any equipment?:

Yes No

Electrical Value: - Total value of all work performed (including overhead and profit) on the job, including the electrical contract and change orders.

Will the owner be supplying any Electrical equipment?:

Yes No

Mechanical Value: - Total value of all work performed (including overhead and profit) on the job, including the mechanical contract and change orders.

Will the owner be supplying any Mechanical equipment?:

Yes No

Plumbing Value: - Total value of all work performed (including overhead and profit) on the job, including the plumbing contract and change orders.

Will the owner be supplying any Plumbing equipment?:

Yes No

Fire Sprinkler Value: - This is the total value of any fire sprinkler system installations on this project.

Fire Sprinkler Work:

Modification to existing system
 New system in existing building New system in new building

Fire Alarm System Value: - This is the total value of any alarm system installations on this project.

Fire Alarm Work:

Addition New System Remodel

I certify that the Values and Scope of Work given is the most accurate available at this time:

Additional Notes:

This application applies to storage racking exceeding 8 feet in height to the top load shelf.

If there are other related trade permits, including Plumbing, Mechanical or Electrical, they must be permitted separately and pass all required inspections.

Permit applications and plans for any modifications to the fire sprinkler and fire alarm systems shall be submitted separately.

The Building Final Inspection should always be the last inspection requested for final approval.

All plan sheets for RMI Standard applicable racks must include the following language:

“Design, testing and utilization of industrial steel storage racks are in accordance with the RMI Specification for the Design, Testing and Utilization of Industrial Steel Storage Racks as specified in the IBC.”

See page 3 of the Commercial Racking/Shelving Submittal Checklist for additional information.

Required Documents:

- Structural engineering design and calculations.
- [Commercial Racking/Shelving Submittal Checklist](#)

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