



PLANNING AND DEVELOPMENT SERVICES

BOISE CITY HALL: 150 N. CAPITOL BLVD | MAIL: PO BOX 500, BOISE, ID 83701-0500
CITYOFBOISE.ORG/PDS | P: 208-608-7100 | F: 208-384-3753 | TTY/TTD: 800-377-3529

Record No.:

For Office Use Only

Conditional Use Permit

Address

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

City: State: Zip Code: Zoning District:

Parcel Number: Subdivision Name: Block: Lot:

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):

Project Proposal: - Please provide a brief narrative of your project in the Project Proposal field, and answer all other questions to the best of your ability.

General

Is this a modification?:

Yes No

Case Number Being Modified:

Existing Use:

Phased Project:

Yes No

Explain Any Project Phases:

Property Information

Size of Property: - Acres

Irrigation Ditches or Canals on/adjacent to Property:

Yes No

Overhead Powerlines or Utility Lines on/adjacent to Property:

Yes No

Please describe and give the location of any hazards on the property. Hazards include canals, hazardous material spills, and soil or water contamination.: - Please describe and give the location to any hazards on the property. Include such things as canals, hazardous material spills, soil, or water contamination.

Child Care

Does this project include Child Care:

Yes No

Number of children:

Indoor Child Care Area: - Sq.Ft. - Square footage of any indoor child care areas, including enclosed patios and sunrooms.

Outdoor Child Care Area: - Sq.Ft. - Square footage of any outdoor space, including unenclosed patios or decks.

Total Existing Structures

Number of Existing Structures:

Explain Existing Structures to Remain:

Existing Structures

Building ID	Gross Square Feet	Number of Stories	Height to Midline	Height to Eave	Height to Peak	Height to Parapet	Notes

Existing Square Feet

Provide the square footage of any existing buildings by floor.

Building ID	Floor	Gross Square Feet	Use	Number of Seats	Notes

Existing Bedrooms and Units

Number of Bedrooms	Number of Units	Notes
Studio		
1 Bedroom		
2 Bedroom		
3 Bedroom		
4 Bedroom		
5 Bedroom		

Total Existing Units

Total Number of Existing Units:

Total Number of Existing Units to Remain:

Total Proposed Structures

Number of Proposed Structures:

Proposed Structures

Building ID	Gross Square Feet	Number of Stories	Height to Midline	Height to Eave	Height to Peak	Height to Parapet	Notes

Proposed Square Feet

Provide the square footage of any existing buildings by floor.

Building ID	Floor	Gross Square Feet	Use	Number of Seats	Notes

Proposed Materials

Type	Materials	Colors	Notes
Canopy/Awning			
Fascia/Trim			
Roof			
Walls			
Windows/Door			
Other			

Proposed Bedrooms and Units

Number of Bedrooms	Number of Units	Notes
Studio		
1 Bedroom		
2 Bedroom		
3 Bedroom		
4 Bedroom		
5 Bedroom		

Total Proposed Units

Total Number of Proposed Units:

Project Setbacks

Provide the required and proposed setbacks for Buildings and Parking on all sides of the property.

Location	Proposed Building Setback	Required Building Setback	Proposed Parking Setback	Required Parking Setback	Notes
Front					
Rear					
Side					
Street Side					
Other					

Parking

If you are requesting shared parking or a parking reduction, you must submit a survey of persons using and working on the premises and any additional information demonstrating that use by the regular employees and visitors to the premises will require fewer off-street parking spaces than required by the Zoning Ordinance.

Does this project include shared parking?:

Yes No

Number of shared spaces: - All This Sentence Is Important.
One
Two

Does this project include assigned or reserved parking?:

Yes No

Number of assigned or reserved spaces: - This is important stuff.
Continue On.

Does this project include parking reduction?:

Yes No

Number of spaces reduced from required:

Does this project include off-site parking?:

Yes No

Number of off-site parking spaces:

Parking

Provide the number of required and proposed ADA Accessible, Bicycle, Compact and Standard Vehicle parking spaces.

Type	Proposed Space(s)	Required Space(s)	Notes
Accessible			
Bike			
Compact			
Vehicle			

Fence

Indicate where any proposed or existing fences are on the property.

Existing or Proposed	Location	Type	Height	Notes	
Existing	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side <input type="checkbox"/> Street Side <input type="checkbox"/> Other				
Proposed	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side <input type="checkbox"/> Street Side <input type="checkbox"/> Other				

Fire Prevention

Fire Flow: - PSI - Fire Flow information is provided by [Suez Water](http://www.mysuezwater.com)
- www.mysuezwater.com. Visit their website to obtain data and the required form.

Is the building sprinklered?:

Yes No

Number of Existing Hydrants: - All hydrant locations must be shown on site plan.

Number of Proposed Hydrants: - All hydrant locations must be shown on the site plan. Suez Water approval is required.

Public Works

On-Site Stormwater Retention Method:

Mechanical Units

Use this table to list the type and location of any mechanical units included in the project.

Type	Unit Location	Number of Units	Height	Proposed Screen Method	Notes
Air Conditioner	<input type="checkbox"/> At Grade <input type="checkbox"/> Interior to Building <input type="checkbox"/> Rooftop <input type="checkbox"/> Other				
Generator	<input type="checkbox"/> At Grade <input type="checkbox"/> Interior to Building <input type="checkbox"/> Rooftop <input type="checkbox"/> Other				
Meter Panel	<input type="checkbox"/> At Grade <input type="checkbox"/> Interior to Building <input type="checkbox"/> Rooftop <input type="checkbox"/> Other				
Trash Compactor	<input type="checkbox"/> At Grade <input type="checkbox"/> Interior to Building <input type="checkbox"/> Rooftop <input type="checkbox"/> Other				
Other	<input type="checkbox"/> At Grade <input type="checkbox"/> Interior to Building <input type="checkbox"/> Rooftop <input type="checkbox"/> Other				

Enclosures

Please list each standard enclosure and associated dimensions. Garages, indoor waste rooms, and non-enclosed alley access do not count as enclosures.

Enclosure ID	Interior Enclosure Width	Interior Enclosure Depth

Solid Waste and Recycling

To receive solid waste/recycling service, access requirements must be met. The Solid Waste Design Standards can be found here: [Service Location Design Standards Policy](#). Please provide the project details below. If assistance is needed, contact City of Boise Materials Management staff at (208) 608-7555 or (208) 608-7161.

Service Type	Receptacle Type	Maximum Number of Trash Receptacles	In Standard Enclosure	Enclosure ID
Recycling	<input type="checkbox"/> 3 yd Dumpster <input type="checkbox"/> 6 yd Dumpster <input type="checkbox"/> 8 yd Dumpster <input type="checkbox"/> Compactor <input type="checkbox"/> Individual/Residential		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trash	<input type="checkbox"/> 3 yd Dumpster <input type="checkbox"/> 6 yd Dumpster <input type="checkbox"/> 8 yd Dumpster <input type="checkbox"/> Compactor <input type="checkbox"/> Individual/Residential		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Each planning application includes a Required Submittal Checklist. If you do not already have a current checklist, please use the links below to download the correct form for your application.

- [Conditional Use 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
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