



# 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

## Planned Unit Development

### 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

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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.

## Property Information

Size of Property: - Acres

Are there any irrigation ditches or canals on the property or adjacent to it?:

Yes  No

Are there overhead powerlines or utility lines on or adjacent to the property?:

Yes  No

Number and location of loading/receiving facilities:

**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.

## General

Is this a modification?:

Yes  No

Case Number Being Modified:

Existing Use:

Use:

Is this a phased project?:

Yes  No

Explain Any Project Phases:

## Density & Amenities

Describe all amenities:

Proposed Density:

Allowed Density:

## Waivers Requested

If Waivers are requested, include the requirement along with what you are requesting.

Lot Size:

Yes  No

Lot Size Waiver Description:

Internal Setbacks:

Yes  No

Internal Setbacks Waiver Description:

Street Frontage:

Yes  No

Street Frontage Waiver Description:

### 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 Materials

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

## 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 proposed 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

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:

Does this project include assigned or reserved parking?:

Yes  No

Number of assigned or reserved spaces:

Does this project include parking reduction?:

Yes  No

Number of spaces below required:

Does this project include off-site parking?:

Yes  No

Number of off-site parking spaces:

## Parking

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

## Fence

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.

## Mechanical Units

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				

## Public Works

**On-Site Stormwater Retention Method:**

## 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.

- [Planned Unit Development 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