



# Live-Work-Create Building WORKSHEET

Permit info: \_\_\_\_\_  
 Application Date: \_\_\_\_\_ Rec'd by: \_\_\_\_\_  
 FOR OFFICE USE ONLY

6015 Glenwood Street ■ Garden City, Idaho 83714 ■ Phone 208/472-2900 ■ Fax 208/472-2996

**\*\* Immediate notification to Garden City permit desk is required for ALL address changes**

**SITE INFORMATION**

- New Construction  Remodel  Accessory Bldg  TI  Demolition  Other: \_\_\_\_\_  
 Live-Work-Create  Shell - water/sewer connections not authorized until TI work is permitted  
 Limited Permit -non-combustible, no utility connections

Project Street # \_\_\_\_\_ Street Name: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Parcel # \_\_\_\_\_  
 EAP200 \_\_\_\_\_ (If earth disturbing activity-see forms) ACRES \_\_\_\_\_ CuYds \_\_\_\_\_

**ADDED NEW FIXTURES:**

**Res=Residential Com=Commercial**  
 Res Com Res Com  
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Hand Sink, Lavatory	<input type="checkbox"/>	<input type="checkbox"/>	Urinal-1.0 Gal/flush	<input type="checkbox"/>	<input type="checkbox"/>
Bar Sink-Faucet count (ESOF)	<input type="checkbox"/>	<input type="checkbox"/>	Water Closet/Tank 2.5g.	<input type="checkbox"/>	<input type="checkbox"/>
Janitor (Mop, Sunken Floor) Sink	<input type="checkbox"/>	<input type="checkbox"/>	Wtr Cl/Flushmtr Tnk >2.5g.	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Sink, Domestic-per faucet (ESOF)	<input type="checkbox"/>	<input type="checkbox"/>	Water Closet/Valve no tank	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Tub per faucet(ESOF)	<input type="checkbox"/>	<input type="checkbox"/>	Drinking Ftn/per hd	<input type="checkbox"/>	<input type="checkbox"/>
Dental Circular Spray Sink	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher, domestic	<input type="checkbox"/>	<input type="checkbox"/>
Dental Flushing Rim Sink	<input type="checkbox"/>	<input type="checkbox"/>	Clothes Washer, dom.	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Hosp.--Clinic Sink	<input type="checkbox"/>	<input type="checkbox"/>	Ice Machine	<input type="checkbox"/>	<input type="checkbox"/>
Shower (per faucet head)	<input type="checkbox"/>	<input type="checkbox"/>	Hose Bibb Interior only	<input type="checkbox"/>	<input type="checkbox"/>
Bathtub/Shower Combo.	<input type="checkbox"/>	<input type="checkbox"/>	Dental Unit -(Cusp.)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**RESTAURANTS:**

*Please provide square footage area for all seating:*  
 Indoor: \_\_\_\_\_  
 Outdoor: \_\_\_\_\_  
 Bar: \_\_\_\_\_  
 Banquet: \_\_\_\_\_  
 Other: \_\_\_\_\_

**FEES:**

**PROJECT VALUES (excluding lot)**

Residential square footage: \_\_\_\_\_ Residential Project Value: \_\_\_\_\_  
 Commercial square footage: \_\_\_\_\_ Commercial Project Value: \_\_\_\_\_  
 Total square footage: \_\_\_\_\_ Total Project Value: \_\_\_\_\_  
 Residential % \_\_\_\_\_  
 Commercial % \_\_\_\_\_

**If Commercial portion of the project is 10% or less the project will be processed as a Residential Building Permit application**