



# Live-Work-Create BUILDING PERMIT APPLICATION

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

6015 Glenwood Street ■ Garden City, Idaho 83714 ■ Phone 208/472-2900 ■ Fax 208/472-2926  
[building@gardencityidaho.org](mailto:building@gardencityidaho.org) [www.gardencityidaho.org](http://www.gardencityidaho.org)

**\*\* 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 # \_\_\_\_\_  
 CUP200 \_\_\_\_\_ EAP200 \_\_\_\_\_ (If earth disturbing activity-see forms) ACRES \_\_\_\_\_ CuYds \_\_\_\_\_

**CONTACT INFORMATION:**

\*Contractor State Registration # - REQUIRED: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is project in flood plain? \_\_\_\_\_

Elevation Certificate: Yes/No (If yes, please complete the flood plain permit)

Zoning District: \_\_\_\_\_

Construction Type \_\_\_\_\_ Description of Construction Use \_\_\_\_\_

Occupancy Classification \_\_\_\_\_ (sq. feet) \_\_\_\_\_ Occupancy Classification \_\_\_\_\_ (sq. feet)  
 \_\_\_\_\_

Number of Units \_\_\_\_\_

Stories \_\_\_\_\_ Height \_\_\_\_\_ (ft)

Exterior Wall:  frame  block  modular

Foundation:  crawl  concrete  basement

Water Service Connection (Select if need new water meter): ¾" \_\_\_\_\_ 1" \_\_\_\_\_ 1.5" \_\_\_\_\_ 2" \_\_\_\_\_

Sewer Connection Y \_\_\_ N \_\_\_

Fire Suppression Service Connection to City Main: \_\_\_\_\_ 6" Sprinkler \_\_\_\_\_ 8" Sprinkler \_\_\_\_\_ Hydrant

Number of sprinkler heads \_\_\_\_\_

ADDED NEW FIXTURES: Res=Residential Com=Commercial						RESTAURANTS:
	Res	Com		Res	Com	
	↓	↓		↓	↓	
Hand Sink, Lavatory	<input type="checkbox"/>	<input type="checkbox"/>	Urinal-1.0 Gal/flush	<input type="checkbox"/>	<input type="checkbox"/>	Please provide square footage area for all seating:  Indoor:_____ Outdoor:_____ Bar:_____ Banquet:_____ Other:_____
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"/>	

<b>FEES:</b>	<b>PROJECT VALUES (excluding lot) \$</b> _____
DEPOSIT: (65% of Permit fee)	(-) \$ _____
Limited Permit Fees: (\$50.00)	\$ _____
Building Permit Fees (Use Valuation Data):	\$ _____
Building Plan Review Fee (65% of permit fee) – Initial Deposit Amount:	\$ _____
Inspection Fees:	\$ _____
<b>TOTAL FEES TO BE PAID</b>	<b>\$ _____</b>

**\*\*REQUIRED - DOCUMENTATION CHECKLIST WITH APPLICATION\*\***

The applicant is responsible to submit the following information for a building permit:

1. \_\_Zoning Certificate verifying completed Design Review and or Conditional Use Permit
2. \_\_Complete Commercial Building and Mechanical Application forms - numbered addresses are required.
3. \_\_ Electronic copy of complete submittal - Plans should include detailed mechanical (w/mech engineer stamp) & plumbing drawings, civil sheets with drainage calculations, landscaping, lighting & a site plan including all setbacks & fences.  
**No ACHD stamp is required on the drawings at time of application. ACHD stamped drawings are required to be submitted prior to issuance of building permit .If any ACHD related changes are made to the drawings, such changes are required to be reviewed & approved by Garden City at the applicants cost.**
- TENANT IMPROVEMENT: IF it is NOT an Expansion or IT DOES NOT require a change in use or Conditional Use Permit; then you will NOT be required to provide the Fire department and ACHD stamped plans as requested above.**
4. \_\_COM check IECC 2006 signed by builder or engineer
6. \_\_Valid Erosion Annual Permit number or application
7. \_\_Ability to serve letter - request made to Garden City prior to application (request requirements in PreApp Guide)
8. \_\_Erosion & Sediment Application Info.
9. \_\_Copy of ACHD receipt stating impact fees have been paid
10. \_\_Copy of Flood Plain Development Permit Application-*if in the flood plain*
11. \_\_Copy of elevation certificate- *if in the flood plain*
12. \_\_Plan review base fees will be paid at the time of application (65% of permit fees)
13. \_\_Completed Design Professional in Responsible Charge Form
14. \_\_For Food Establishments ONLY-Letter from Central District Health Department stating that requirements are met *for a food establishment*

**\*\* Issuance of a Tenant Improvement Permit is subject to the above requirements for the specific Tenant Improvement space including all water and sewer hookup fees. Limited permit Risk: the applicant is responsible for making the building adaptations should there be any changes to the final plat, easements or infrastructure.**

**NOTE: Final As built plans in PDF or CAD format shall be submitted for Certificate of Occupancy to be issued**

Applicants Signature: \_\_\_\_\_DATE:\_\_\_\_\_

## Design Professional in Responsible Charge

**The OWNER of the submitted project must complete the following information to designate the Architect or Engineer engaged as Design Professional in Responsible Charge for the project in accordance with the 2006 International Building Code Section 106.3.4**

The Design Professional in Responsible Charge shall be an Idaho licensed professional responsible for reviewing and coordinating all submittal documents prepared by others for the compatibility with the design of the building. The purpose is to coordinate the diverse submitted documents prepared by various consultants which may include deferred submittals, special inspections and structural observations.

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As the OWNER OF RECORD, I designate the following person as Design Professional in Responsible Charge for the project noted. I understand that the architect/ engineer designated shall be responsible for reviewing and coordinating all submittal documents prepared by others for the duration of the project. I also understand that I must provide written notification to the City of Garden City Building Department if the Design Professional in Responsible Charge is changed.

Please Print

Project

Address: \_\_\_\_\_

Project/ Tenant Name: \_\_\_\_\_

Architect/ Engineer's Name: \_\_\_\_\_

Architectural/ Engineering Firm Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Owner's Name/ Telephone Number: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_