Pre APPLICATION

Permit info: _____

Application Date: _____ Rec'd by: _____

FOR OFFICE USE ONLY

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

CONTACT INFORMATION:

Name: _____**Address:**_____
City_____ **State**_____ **Zip:** _____
Office Phone: _____ **E-mail:** _____

PROJECT DESCRIPTION:_____
Parcel #_____**Lot:** ____ **Block:** _____ **Subdivision:**_____
Project Street #_____ **Street Name:**_____

Entitlements Needed
☐ **Conditional Use** ☐ **Minor PUD** ☐ **Subdivision** ☐ **Rezone** ☐ **Variance** ☐ **Annexation** ☐ **Appeal**
☐ **Design Review** ☐ **Other describe):**_____
Comprehensive Plan Designation:_____ **Zoning:**_____**Existing sidewalks?** Y___ N ___

In Floodplain? Y___ N ___ **Within 70' of river?** Y___ N ___ **Existing access to public street?** Y___ N ___

List Water Body(s) (irrigation/drainage included) : _____

List Easements : _____

Structure
☐**New Construction** ☐**Tenant Improvement** ☐**Remodel** ☐**Live-Work Create**
If TI or remodel, are there any exterior changes to the building? Yes/No

Construction Type _____ **Occupancy Classification** _____ **(sq. feet)** _____

Number of Units_____ **Stories**_____ **Height**_____ **(ft)**

Exterior Wall: ☐ **frame** ☐ **block** ☐ **modular** **Foundation:** ☐ **crawl** ☐ **concrete** ☐ **basement**

Public Works

Water Service Connection *(Select if need new water meter)*: **¾"**____ 1"_____1.5"_____ 2"_____3"____
Sewer Connection Y___ N ___Fire Suppression: _____6" Sprinkler _____8" Sprinkler _____Hydrant
Number of sprinkler heads_____

ADDED NEW FIXTURES:

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

RESTAURANTS:

Please provide square footage area for all seating:

Indoor:_____
Outdoor:_____
Bar:_____
Banquet:_____
Other:_____

OFFICE USE

Meeting Attendees:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

List any unique constraints or conditions on the property including utility issues and fire safety concerns:

_____

_____

_____

_____

Other Notes:

_____

_____