



PUBLICS WORKS UTILITY PERMIT APPLICATION

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

6015 Glenwood Street □ Garden City, Idaho 83714 □ Phone 208/472-2949 □ Fax 208/472-2996
building@gardencityidaho.org Inspection Hotline 208/472-2920

CONTACT INFORMATION

Applicant Name: _____ **E-mail:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **Fax:** _____

Architect/Engineer/Design professional: _____ **E-mail:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **Fax:** _____

Contractor Name: _____ **License #:** _____ **Expiration:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Responsible Person: _____ **RP #:** _____ **Expiration:** _____

Phone: _____ **note RP responsible for duration of project*

Property Owner Name: _____ **E-mail:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **Fax:** _____

PROJECT INFORMATION/DESCRIPTION: Grading or Site Preparation Subdivision Construction Other

Project Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Subdivision: _____ Lot: _____ Block: _____ Parcel # _____

Is project in flood plain? Yes/No Flood Plain Permit # _____

*if applicable CUP201 _____ / DSR201 _____ Pre-Application Meeting Date _____

Disturbed earth quantity: ACRES _____ **CuYds** _____

EAP201 _____ **note If a project over an acre Erosion & Sediment Control Plan required*

For new Connections only

Water Service Connection: Meter Size: ¾" 5/8" 1" 1.5" 2" 3" 4" 6"

Fire Suppression Service: ___6" Sprinkler ___8" Sprinkler ___Hydrant _____

Sewer Connection Y ___ N ___ NA ___

Applicant or Owner's Signature: _____ **Date:** _____

By signing this, I attest that all information is complete and accurate to the best of my knowledge.

Signature of Applicant

I, the undersigned, have completed the above checklist noting all pages and supporting documents for the project.

Signature of Applicant or Submitting Design Professional of Record

Date

Check List:

- **3 sets of plans**

Storm Drainage requirements:

- Two copies of current Geotechnical Report meeting the requirements of the City of Boise storm water management design manual
- Verification that the storm drainage system infiltration surface is at least 3 vertical feet from the seasonal high groundwater
- Included two copies of storm water O&M manual
- Provided two copies of storm water run-off report, and adhere to the requirements of the Boise City storm water management design manual (except that Garden City allows systems to be placed within 3 feet of seasonal high groundwater instead of 5 feet in the Boise manual).
- Two copies of Erosion & Sediment Control Plan