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#161 Design Review Application

Case #: DRH19-00002

Property Information						
Address						
Street Number:	Prefix: S	treet Name:		90	Unit #:	
1533	S F	TVE MILE RD				
Subdivision name:		ot: Section:	Township:	Range:	Zoning:	
ELMS PARK CENTER	11	15	3	1	C-1D	
Parcel Number:	Additional P	arcel Numbers:				
R2343610005						
Primary Contact						
Who is responsible for receiving Ogent/Representative	g e-mail, uploadin Applicant Oow		ting with Boise	City?		
Applicant Information						
First Name:	Last Name:					
Jeff	Likes					
Company:						
ALC Architecture						
Address:	City:		State:		Zip:	
1119 E. State St. Suite 120	Eagle		ID	~	83616	
E-mail:	Phone Numbe		Cell:		Fax:	
jeff@alcarchitecture.com	(208) 514-27	13				
Agent/Representative Information	Land Developer	O _{Engineer} O _{Co}	ntractor O	Other		
First Name:	Last Name:					
Jeff	Likes					
Company:						
ALC Architecture	05.0000					
Address:	City:		State:	~	Zip:	
1119 E. State St. Suite 120	Eagle		ID	~	83616	
E-mail: jeff@alcarchitecture.com	(208) 514-27		Cell:		Fax:	
Owner Information	(200) 31+27	15				
Same as Applicant?	Yes (If yes,	leave this section blank)				
First Name:	Last Name:					
Stan	Rosen					
Company:						
Address:	City:		State:	813	Zip:	
PO Box 5003	Bellevue		WA	~	98009	
E-mail:	Phone Numbe	er:	Cell:		Fax:	
stan@rosenharbottle.com	(425) 289-22	230				

Project Information						
Is this a Modification a	pplication?	Yes No	File numb	per being modified:		
1. Neighborhood Assoc	iation:					
		~				
2. Comprehensive Plan	ning Area:					
		~				
3. This application is a		, add or change th	ie use of the propert	y as follows:		
construct a new 4,1	100 retail building					-
4. Size of Property:						10 Tab
1.05 OAcres	Osquare Feet					
5. Water Issues:						
	- g	-2 (C I-tt	in all Fine Code's			
A. What are your fi	re flow requirement	ts? (See Internat	ional Fire Code):			anm
						gpm
B. Number of hydra						
Note: Any new hyd		g require Suez W	/ater approval.	¬		
Number of Existing		0		Number of Propos	sed:	
C. Is the building "		○Yes	⊚ No			
D. What volume of	water is available?	(Contact SUEZ (208) 362-7354):			gpm
n/a	uctures on the prope	erty are as follows	25.			×
.,,-						·
7. Is the project intend	ed to be phased? Ple	ease explain:				
no						A
Adjacent property info	ormation:					
Building types and/or uses	Zone					
North: commercial	North: (C-1)	D) Neighborhood	Commercial			
South: commercial		D) Neighborhood	_			
East: commercial			nercial w/Desi			
West: commercial	Last. (C-ZI	o, delicial cullil	icicial W/ Desi			
MUDGE: KOMMONORCIAL	Mark /I Of	Ol Limited Office	with Design I			

Square foo	otage of pr	oposed struct	tures or additions (if 5+	floors, attach nar	rative with chart):	
		Gross	Square Feet			
1	1st Floor	4100				
2	2nd Floor	0				
3	3rd Floor	0				
4	4th Floor	0				
B. Maximu	um propose	ed structure h	eight(s):	22		
C. Number	r of stories	:		1		
D. Number	er of seats	(if restaurant,	tavern or lounge):	0		
E. Number	r of resider	ntial units (if a	applicable):	0		
0. Existing Str		8.	30	(3)		
		isting structu	res or additions (if 5+ flo	oors, attach narra	tive with chart):	
		Gross	Square Feet			
71	4		1452			
0.5	1st Floor					
	2nd Floor					
2						
2	2nd Floor					
3	2nd Floor 3rd Floor 4th Floor					
3	2nd Floor 3rd Floor 4th Floor	Materials			Colors	
3	2nd Floor 3rd Floor 4th Floor	Materials tpo			Colors white	
3 2 1. Building Ext	2nd Floor 3rd Floor 4th Floor	tpo	ne		Colors white tans	
1. Building Ext Roof: Walls:	2nd Floor 3rd Floor 4th Floor sterior:	tpo stucco, ston	ne		white tans	
1. Building Ext Roof: Walls: Windows/E	2nd Floor 3rd Floor 4th Floor sterior:	tpo stucco, ston storefront	ie		white tans dark bronze	
1. Building Ext Roof: Walls: Windows/E Fascia, Trir	2nd Floor 3rd Floor 4th Floor sterior:	tpo stucco, ston	le		white tans	
1. Building Ext Roof: Walls: Windows/E Fascia, Trir Other:	2nd Floor 3rd Floor 4th Floor sterior:	tpo stucco, ston storefront	ne		white tans dark bronze	
1. Building Ext Roof: Walls: Windows/E Fascia, Trir Other: 2. Setbacks:	2nd Floor 3rd Floor 4th Floor sterior: Doors: im, etc:	stucco, ston storefront stucco		e accepted.	white tans dark bronze	
Roof: Walls: Windows/E Fascia, Trir Other: Note: Plans	2nd Floor 3rd Floor 4th Floor sterior: Doors: im, etc:	stucco, ston storefront stucco	y dimensioned will not b		white tans dark bronze	Parking Proposed
Roof: Walls: Windows/E Fascia, Trir Other: Note: Plans	2nd Floor 3rd Floor 4th Floor sterior: Doors: im, etc:	stucco, ston storefront stucco	y dimensioned will not b		white tans dark bronze tans	Parking Proposed
Roof: Walls: Windows/E Fascia, Trir Other: Note: Plans	2nd Floor 3rd Floor 4th Floor sterior: Doors: im, etc:	stucco, ston storefront stucco	y dimensioned will not b Building Propose		white tans dark bronze tans	Parking Proposed
Roof: Walls: Windows/E Fascia, Trir Other: Note: Plans Front:	2nd Floor 3rd Floor 4th Floor sterior: Doors: im, etc:	stucco, ston storefront stucco	y dimensioned will not b Building Propose		white tans dark bronze tans	Parking Proposed

9. Proposed Structures:

13.	Site Design:					
		Site Percentage Dev	oted to			Square Feet
	Building Coverage:	9				4100
	Later Control	%				li anno
	Landscaping:	43 %				19825
	Paving:	48			57	21997
	Tuving	%				21777
	Other Uses:					
		%				<u> </u>
	Describe Other Uses:					
14.	Parking:					
			Required			Proposed
	Accessible Spaces:		2			3
	Parking Spaces:		27			33
	Bicycle Spaces:		2			2
	Proposed compact spaces:					0
	Are you proposing off-site pa	rking?		Oyes	⊚ No	
	Are you proposing on-site pa				ONO	
		If yes, ho	w many space	s?	W32400 1 1 1 1	
	Are you requesting shared pa	rking or a parking re	duction?	Oyes	⊚ No	
		If yes, ho	w many space	s?		
	Restricted parking?			Oyes	⊚ _{No}	
15.	Landscaping:				_	
	A. Are there any prominent tre	ees or areas of veget	tation on the p	property?	Oyes	●No
	B. Type:					
	C. Size:					7
	D. General Location:					_ _
16	Mechanical Units:					7
10.	Number of Units:	2				
	realiser of office.					
	Unit Location:	roof				
	Type:	pre packaged				
	Height:	4'				
	Proposed Screening Method:	parapet				

17.Solid Waste:			
A. Type of trash receptacles:			
Individual Can/Residential 3 Yd. Dumpster 6 Yd. Dumpster 8 Yd. Dumpster Compactor			
B. Number of trash receptacles:	1		
C. Proposed screening method:	cmu		
D. Is the proposed location accessible for collection? (Contact Boise Public Works at 384-3901.)	O Yes	ONo	
E. Is recycling proposed?	Oyes	⊚ No	
18.Irrigation Ditches/Canals:			
A. Are there any irrigation ditches or canals on or adjacent to property?	the	O Yes	ONo
B. Location:		east and s	outh
C. Size:		unknown	
19.Fencing:			
Proposed Existing to I	Remain		
Type:			
Height:			
Location:			
20.Loading Facilities (if proposed, for commercial uses only):			
Number:			
Location:			
Size:			
Screening:			
21.Drainage:			
Proposed method of on-site retention: seepage	bed		
22.Floodways & Hillsides:			
A. Is any portion of this property located in a Floodway or a : Floodplain?	100-year	Oyes	
B. Does any portion of this parcel have slopes in excess of 15	5%?	Oyes	
Note: If the answer to either of the above is yes, you will be additional fee. You must submit the additional required applic			
23.Airport Influence Area:			
Is the subject site located within the Airport Influence Area?	(If yes, pleas	se mark whic	h area.)
No OArea A OArea B OArea B1 OArea C			

Licensed Architect Information			
Zoning Ordinance Section 11-07-02 re	equires a licensed architect for new buildings a	and additions over 200 sq. ft.	
Is the project's Architect listed on the	first page? Oyes ONo	(If yes, leave this section blan	ık.)
First Name:	Last Name:		
Company:			
Address:	City:	State:	Zip:
E-mail:	Phone Number:	Cell:	Fax:
Professional License #:			
Tronsport Election 11			
Landscape Professional Informat	ion		
Is the project's Landscape Profession	al listed on the first page? Oves Ono	(If yes, leave this section b	olank.)
First Name:	Last Name:		
Company:			
Address:	City:	State:	Zip:
		ID 🔻	
E-mail:	Phone Number:	Cell:	Fax:
Professional License #:			
Verification of Legal Lot or Parce	Status		
Verification of Legal Parcel Status form	ot validate the legal status of any lot or parcel n signed by the Boise City Subdivision Depart obdivision Department, See Verification of Leg	ment. It is the applicant's respo	nsibility to provide deeds
The undersigned acknowledges that fa	ove provided information is true and accurate. allure to provide true and accurate information fully issued and subject the undersigned any a	n may result in rejection of this	
Agent/Representative Signature:			
Date:			