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## #109 Conditional Use Application

Case #: CUP19-00002

Address						
Street Number:	Prefix:	Street Nan	ne:			Unit #:
777	N	4TH ST				
Subdivision name:	Block:	Lot:	Section:	Township:	Range:	Zoning:
BLK 138	0	6	10	3	2	L-OHD/CD
						E OND/CD
Parcel Number: R1013009130	Addition	al Parcel Nu	mbers:			
K1013009130						
Primary Contact						
Who is responsible for receiving  OAgent/Representative		oading file Oo <sub>wner</sub>	s and commun	icating with B	loise City?	
Applicant Information						
First Name:	Last Name	2:				
Justin	Snyder					
Company:	A					
Le Soleil Child Care, LLC						
Address:	City:			State:		Zip:
2905 N 38th St	Boise			ID	~	83703
Annual Control of the	The second second					
E-mail:	Phone Nu			Cell:		Fax:
info@lesoleil.school	(208) 972-0923					H <sub>2</sub>
Agent/Representative Informati						JL
Role Type: OArchitect OLan		0	Engineer C	Contractor	Oother	
Role Type: OArchitect OLan	on nd Developer	0	Engineer C	Contractor	Oother	
Role Type: OArchitect OLar	on nd Developer	0	Engineer C	Contractor	Other	
Role Type: OArchitect OLar	on nd Developer	0	Engineer C	Contractor	Oother	
Role Type: OArchitect OLar First Name: Company:	on nd Developer	0	Engineer C	State:	Oother	Zip:
Agent/Representative Informati  Role Type: OArchitect OLar  First Name:  Company:  Address:	on nd Developer Last Name	0	Engineer C		Oother	Zip:
Role Type: OArchitect OLar First Name: Company: Address:	on nd Developer Last Name	O <sub>1</sub>	Engineer C	State:		
Role Type: OArchitect OLar First Name:  Company:  Address:	Last Name	O <sub>1</sub>	Engineer C	State:		Zip:
Role Type: OArchitect OLar First Name:  Company:  Address:  E-mail:	Last Name	O <sub>1</sub>	Engineer C	State:		
Role Type: OArchitect OLar First Name:  Company:  Address:  E-mail:  Owner Information	City:	e: mber:		State: ID Cell:		
Role Type: OArchitect OLar First Name:  Company:  Address:  E-mail:  Owner Information  Same as Applicant?   No Oye	City:  Phone Number	mber:	Engineer C	State: ID Cell:		
Role Type: OArchitect OLar First Name:  Company:  Address:  E-mail:  Owner Information  Same as Applicant?   No OYe	City:  Phone Num  Last Name	mber:		State: ID Cell:		
Role Type: OArchitect OLar First Name:  Company:  Address:  E-mail:  Owner Information  Same as Applicant?   No OYe	City:  Phone Number	mber:		State: ID Cell:		
Role Type: OArchitect OLar First Name:  Company:  Address:  E-mail:  Owner Information  Same as Applicant? No Oye First Name: Tim  Company:	City:  Phone Num  Last Name	mber:		State: ID Cell:		
Role Type: OArchitect OLar First Name:  Company:  Address:  E-mail:  Owner Information  Same as Applicant? No Oye  First Name:  Tim  Company:	City:  Phone Num  Last Name	mber:		State: ID Cell:		
Role Type: OArchitect OLar First Name:  Company:  Address:  E-mail:  Owner Information  Same as Applicant? No Oye  First Name:  Tim  Company:  Klena and Associates, PA  Address:	City:  Last Name  City:  Phone Num  S (If )  Last Name Klena	mber:		State:  State:  State:		Fax:
Role Type: OArchitect OLar First Name:  Company:  Address:  E-mail:  Owner Information	City:  Phone Num  Last Name  Klena	mber:		State: ID Cell:		Fax:
Role Type: OArchitect OLar First Name:  Company:  Address:  E-mail:  Owner Information  Same as Applicant? No Oye  First Name:  Tim  Company:  Klena and Associates, PA  Address:	City:  Last Name  City:  Phone Num  S (If )  Last Name Klena	mber:		State:  State:  State:		Fax:

Pr	oject Information						
Is	this a Modification applicat	ion?	Oyes	<b>⊚</b> No	File number being modified:		
1.	Neighborhood Association:						
	Downtown Boise		~				
2.	Comprehensive Planning A	rea:					
	Downtown		~				
3.	This application is a reques	t to const	truct, add or	change the us	se of the property as follows:		
					merly chiropractic and law offices) to the building will not undergo any str		•
4.	Size of Property:  0.08	are Feet					
5.	Water Issues:						
	A. What are your fire flow	v require	ments? (See	e Internationa	al Fire Code):		
	1500						gpm
	B. Number of hydrants (s Note: Any new hydrants/ Number of Existing:				r approval.  Number of Proposed:	0	
	C. Is the building "sprinkl	ered"?	Oy	es <b>N</b> O			
	D. What volume of water 2500	is availa	ble? (Conta	ct SUEZ (208)	) 362-7354):		gpm
6.	Existing uses and structure	s on the I	property are	as follows:			
	The existing structure is a		3.00		, used as office space.		×
7.	Is the project intended to b	e phased	? Please exp	olain:			
	The enrollment of children	n is inten	ded to be p	hased in ove	r six months, opening with 10-12 and	growing to 35-40.	*
3.	Adjacent property informati	on:					
	Building types and/or uses	Zon	ie				
	North: Federal, VA N	orth:			~		
	South: Office space, hea S	outh: (L-	OD) Limited	d Office with I	Design Re		
	East: School District ov E	ast: (A-	-1) Open La	nd 1 Acre mi	nimum lot 🗸		
	West: Office space W	/est: (L-	OD/CD) Lin	nited Office w	/Design R		
	The state of the s						

A. Number of Structur	es:	Use: Child care facility for up to	9 40 cł
Square footage of prop	posed structures or additions (if 5	+ floors, attach narrative with chart):	
	Gross Square Feet		
1st Floor	0		
2nd Floor	0		
3rd Floor	0		
4th Floor	0		
B. Maximum proposed	structure height(s):		
C. Number of stories:		0	
D. Number of seats (if	restaurant, tavern or lounge):	0	
E. Number of residenti	ial units (if applicable):	0	
10. Existing Structures:			
Square footage of exis	ting structures or additions (if 5+	floors, attach narrative with chart):	
	Gross Square Feet		
1st Floor	2027		
2nd Floor			
3rd Floor			
4th Floor			
11. Building Exterior:			
м	laterials	Colors	
Roof:			
Walls:			
Windows/Doors:			
Fascia, Trim, etc:			
Other:			
12. Setbacks:			
	ot graphically dimensioned will not		
Building Requ	ired Building Propose	ed Parking Required	Parking Proposed
Front:			
Rear:			
Side 1:			
Side 2:			

9. Proposed Structures:

13. Site Design:					
	Site Percentage	Devoted to		Sq	uare Feet
Building Coverage:	%				
Landscaping:					
210.0	%				
Paving:	%				
Other Uses:	,				
Other oses.	%				
Describe Other Uses:					
14. Parking:					
		Required			Proposed
Accessible Spaces:					
Parking Spaces:		4			0
Bicycle Spaces:					
Proposed compact spa	ces:				
Are you proposing off-	site parking?		Oyes	<b>⊚</b> No	
	If y	es, how many spa	ces?		
Are you requesting sha			<b>⊚</b> Yes	ONo	
	If y	es, how many spa	ces? 0		
Restricted parking?			Oyes	<b>⊚</b> No	
15. Landscaping:					
A. Are there any promi	nent trees or areas of	vegetation on the	property?	<b>⊚</b> Yes	ONo
B. Type:	Mature deciduous t	rees			
C. Size:	Over 20 feet				
D. General Location:	North, East, and Southwest sides				
16. Mechanical Units:					
Number of Units:					
Unit Location:					
Type:					
Height:					
Proposed Screening Me	ethod:				

A. Type of trash receptacles:	
✓ Individual Can/Residential	
3 Yd. Dumpster	
6 Yd. Dumpster	
8 Yd. Dumpster Compactor	
B. Number of trash receptacles:	
C. Proposed screening method:	Behind building
D. Is the proposed location accessible for collection? (Contact Boise Public Works at 384-3901.)	⊚ <sub>Yes</sub> ○ <sub>No</sub>
E. Is recycling proposed?	●Yes ○No
18.Irrigation Ditches/Canals:	
A. Are there any irrigation ditches or canals on or adjacer property?	nt to the Oves No
B. Location:	
C. Size:	
19.Fencing:	
Proposed Existing to Ren	main
Type:	
Height:	
Location:	
20.Loading Facilities (if proposed, for commercial uses only):	
Number:	
Location:	
Size:	
Screening:	
21.Drainage:	
Proposed method of on-site retention:	
22.Floodways & Hillsides:	
A. Is any portion of this property located in a Floodway or	r a 100-year Floodplain? Oves No
B. Does any portion of this parcel have slopes in excess of	of 15%? Oyes ONo
Note: If the answer to either of the above is yes, you will application and additional fee.	be required to submit an additional #112 Floodplain and/or #114 Hillside
23.Airport Influence Area:	
Is the subject site located within the Airport Influence Are	ea? (If yes, please mark which area.)
●No OArea A OArea B OArea B1 OArea	ea C

17.Solid Waste:

## Verification of Legal Lot or Parcel Status

Acceptance of this application does not validate the legal status of any lot or parcel. Prior to submitting for a Building Permit you must have a Verification of Legal Parcel Status form signed by the Boise City Subdivision Department. It is the applicant's responsibility to provide deeds and/or other documentation to the Subdivision Department. See Verification of Legal Lot or Parcel Worksheet for submittal requirements.

The undersigned declares that the above provided information is true and accurate.

The undersigned acknowledges that failure to provide true and accurate information may result in rejection of this application, possible revocation of the permit where wrongfully issued and subject the undersigned any applicable civil and/or criminal penalties.

Agent/Representative Signature:	
Date:	