

#161 Design Review Application

Case #: DRH19-00097

Property Information

Address

Street Number: 3035	Prefix: E	Street Name: BARBER VALLEY DR				Unit #:
Subdivision name: BARBERVALLEY NO 1	Block: 02	Lot: 01	Section: 19	Township: 3	Range: 3	Zoning: SP-02
Parcel Number: R0805810180	Additional Parcel Numbers: 					

Primary Contact

Who is responsible for receiving e-mail, uploading files and communicating with Boise City?

☐ Agent/Representative ☒ Applicant ☐ Owner

Applicant Information

First Name: Tonn	Last Name: Petersen		
Company: BVA			
Address: 2775 W. Navigator Drive Suite	City: Meridian	State: ID	Zip: 83642
E-mail: tonn@bvadev.com	Phone Number: (208) 616-1050	Cell: 	Fax:

Agent/Representative Information

Role Type: ☐ Architect ☒ Land Developer ☐ Engineer ☐ Contractor ☐ Other

First Name: Tonn	Last Name: Petersen		
Company: BVA			
Address: 2775 W. Navigator Drive Suite	City: 	State: ID	Zip:
E-mail: tonn@bvadev.com	Phone Number: 	Cell: 	Fax:

Owner Information

Same as Applicant? ☐ No ☒ Yes (If yes, leave this section blank)

First Name: 	Last Name: 		
Company: 			
Address: 	City: 	State: ID	Zip:
E-mail: 	Phone Number: 	Cell: 	Fax:

Project Information

Is this a Modification application? ☒ Yes ☐ No File number being modified:

1. Neighborhood Association:

Barber Valley

2. Comprehensive Planning Area:

Barber Valley

3. This application is a request to construct, add or change the use of the property as follows:

This project is a core and shell medical building which includes exam rooms, waiting area, nurse area, and other features that support the clinic space. Site and landscape improvements will be included as part of the project.

4. Size of Property:

☒ Acres ☐ Square Feet

5. Water Issues:

A. What are your fire flow requirements? (See International Fire Code): gpm

B. Number of hydrants (show location on site plan):
Note: Any new hydrants/hydrant piping require Suez Water approval.
Number of Existing: Number of Proposed:

C. Is the building "sprinklered"? ☐ Yes ☐ No

D. What volume of water is available? (Contact SUEZ (208) 362-7354): gpm

6. Existing uses and structures on the property are as follows:

NA

7. Is the project intended to be phased? Please explain:

8. Adjacent property information:

Building types and/or uses		Zone	
North:	<input type="text" value="SP-02"/>	North:	<input type="button" value="v"/>
South:	<input type="text" value="SP-02"/>	South:	<input type="button" value="v"/>
East:	<input type="text" value="SP-02"/>	East:	<input type="button" value="v"/>
West:	<input type="text" value="SP-02"/>	West:	<input type="button" value="v"/>

9. Proposed Structures:

A. Number of Structures: Use:

Square footage of proposed structures or additions (if 5+ floors, attach narrative with chart):

	Gross Square Feet
1st Floor	<input type="text" value="5500"/>
2nd Floor	<input type="text" value="0"/>
3rd Floor	<input type="text" value="0"/>
4th Floor	<input type="text" value="0"/>

B. Maximum proposed structure height(s):

C. Number of stories:

D. Number of seats (if restaurant, tavern or lounge):

E. Number of residential units (if applicable):

10. Existing Structures:

Square footage of existing structures or additions (if 5+ floors, attach narrative with chart):

	Gross Square Feet
1st Floor	<input type="text"/>
2nd Floor	<input type="text"/>
3rd Floor	<input type="text"/>
4th Floor	<input type="text"/>

11. Building Exterior:

	Materials	Colors
Roof:	<input type="text" value="Single Ply Roof, Metal"/>	<input type="text"/>
Walls:	<input type="text" value="EIFS, Metal Panel, Storefront Glazing,"/>	<input type="text" value="Gray, White, Green"/>
Windows/Doors:	<input type="text" value="Storefront"/>	<input type="text" value="Anodized Aluminum"/>
Fascia, Trim, etc:	<input type="text" value="Prefinished Metal"/>	<input type="text" value="Gray"/>
Other:	<input type="text"/>	<input type="text"/>

12. Setbacks:

Note: Plans that are not graphically dimensioned will not be accepted.

	Building Required	Building Proposed	Parking Required	Parking Proposed
Front:	<input type="text" value="10"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rear:	<input type="text" value="15"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Side 1:	<input type="text" value="5"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Side 2:	<input type="text" value="5"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13. Site Design:

	Site Percentage Devoted to	Square Feet
Building Coverage:	<input type="text" value="22"/> %	<input type="text"/>
Landscaping:	<input type="text" value="44"/> %	<input type="text"/>
Paving:	<input type="text" value="27"/> %	<input type="text"/>
Other Uses:	<input type="text" value="7"/> %	<input type="text"/>
Describe Other Uses:	<input type="text" value="Sidewalk"/>	

14. Parking:

	Required	Proposed
Accessible Spaces:	<input type="text" value="1"/>	<input type="text"/>
Parking Spaces:	<input type="text" value="21"/>	<input type="text"/>
Bicycle Spaces:	<input type="text" value="2"/>	<input type="text"/>
Proposed compact spaces:		<input type="text"/>

Are you proposing off-site parking?

☐ Yes ☒ NoIf yes, how many spaces?

Are you requesting shared parking or a parking reduction?

☐ Yes ☒ NoIf yes, how many spaces?

Restricted parking?

☐ Yes ☒ No**15. Landscaping:**

A. Are there any prominent trees or areas of vegetation on the property?

☐ Yes ☒ No

B. Type:

C. Size:

D. General Location:

16. Mechanical Units:

Number of Units:

Unit Location:

Type:

Height:

Proposed Screening Method:

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:

C. Proposed screening method:

D. Is the proposed location accessible for collection?
(Contact Boise Public Works at 384-3901.)☐ Yes ☐ No

E. Is recycling proposed?

☐ Yes ☐ No**18.Irrigation Ditches/Canals:**

A. Are there any irrigation ditches or canals on or adjacent to the property?

☐ Yes ☒ No

B. Location:

C. Size:

19.Fencing:**Proposed****Existing to 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:

22.Floodways & Hillside:

A. Is any portion of this property located in a Floodway or a 100-year Floodplain?

☐ Yes ☒ No

B. Does any portion of this parcel have slopes in excess of 15%?

☐ Yes ☒ No

Note: If the answer to either of the above is yes, you will be required to submit an additional Floodplain and/or Hillside application and additional fee. You must submit the additional required application(s) for review at the same time as this request.

23.Airport Influence Area:

Is the subject site located within the Airport Influence Area? (If yes, please mark which area.)

☒ No ☐ Area A ☐ Area B ☐ Area B1 ☐ Area C

Licensed Architect Information

Zoning Ordinance Section 11-07-02 requires a licensed architect for new buildings and additions over 200 sq. ft.

Is the project's Architect listed on the first page? ☒ Yes ☐ No (If yes, leave this section blank.)

First Name:	Last Name:		
Jason	Butler		
Company:			
CTA			
Address:	City:	State:	Zip:
800 W Main Street	Boise	ID	83702
E-mail:	Phone Number:	Cell:	Fax:
jason@ctagroup.com	(208) 336-4900		
Professional License #:			
AR-2558			

Landscape Professional Information

Is the project's Landscape Professional listed on the first page? ☐ Yes ☒ No (If yes, leave this section blank.)

First Name:	Last Name:		
Greg	Baer		
Company:			
Baer Design			
Address:	City:	State:	Zip:
539 S. Fitness Place		ID	
E-mail:	Phone Number:	Cell:	Fax:
greg@baerdg.com			
Professional License #:			
LA-166635			

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:	