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#161 Design Review Application

Case #: DRH19-00133

Property Information							
Address							
Street Number:	Prefix:	Street Name	:			Unit #:	
2490	N	MILWAUKE	EST				
Subdivision name:	Block:	Lot:	Section:	Township:	Range:	Zoning:	
GREENFIELD PARK SUB	01	04	E1	3	1	L-OD	
Parcel Number:	Addition	al Parcel Numb	ers:				
R3273320040							
Primary Contact							
Who is responsible for receiving Ogent/Representative		ding files and Owner	d communicat	ing with Boise	City?		
Applicant Information							
First Name:	Last Name	:					
Jeff	Likes						
Company:							
ALC Architecture				4			
Address:	City:			State:		Zip:	
1119 E. State St. Suite 120	Eagle			ID	~	83616	
E-mail:	Phone Nur	Phone Number:		Cell:		Fax:	
· CC - 1 1 1	()						
23 45	(208) 514						
Agent/Representative Informati Role Type: Architect La	ion and Developer Last Name	-2713 O _{Engir}	neer OCor		Other		
Agent/Representative Informati Role Type: Architect OLa First Name: Jeff	ion and Developer	-2713 O _{Engir}	neer Ocor		Other		
jeff@alcarchitecture.com Agent/Representative Informati Role Type: Architect OLa First Name: Jeff Company: ALC Architecture	ion and Developer Last Name	-2713 O _{Engir}	neer OCor		Other		
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Agent/Representative Informati Role Type: Architect La First Name: Jeff Company: ALC Architecture Address: 1119 E. State St. Suite 120	ion and Developer Last Name Likes City:	-2713 OEngir	neer OCor	ntractor C		Zip: 83616 Fax:	
Agent/Representative Informati Role Type: Architect OLa First Name: Jeff Company: ALC Architecture Address: 1119 E. State St. Suite 120 E-mail:	Last Name Likes City: Eagle	-2713 OEngir	neer Ocor	State:		83616	
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Agent/Representative Information Role Type: Architect OLa First Name: Jeff Company: ALC Architecture Address: 1119 E. State St. Suite 120 E-mail: jeff@alcarchitecture.com Owner Information Same as Applicant? No Over Information First Name: Doug	Last Name Likes City: Eagle Phone Nur (208) 514	DEngin		State:		83616	
Agent/Representative Information Role Type: Architect La First Name: Jeff Company: ALC Architecture Address: 1119 E. State St. Suite 120 E-mail: jeff@alcarchitecture.com Owner Information Same as Applicant? No Oy First Name: Doug Company:	Last Name Likes City: Eagle Phone Nur (208) 514 Ces (If y) Last Name Hackler	DEngin		State: ID Cell:		83616 Fax:	
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Pr	oject Information	
Is	this a Modification application? Oves ONo File number being modified:	
1.	Neighborhood Association:	
	V	
2.	Comprehensive Planning Area:	
3.	This application is a request to construct, add or change the use of the property as follows:	
	build a new church in an LO zone	A
4.	Size of Property:	
	.7 Square Feet	
5.	Water Issues:	
	A. What are your fire flow requirements? (See International Fire Code):	
	2000	gpm
	B. Number of hydrants (show location on site plan): Note: Any new hydrants/hydrant piping require Suez Water approval. Number of Existing: 2 Number of Proposed:	
	C. Is the building "sprinklered"?	
	D. What volume of water is available? (Contact SUEZ (208) 362-7354):	
	2500	gpm
6.	Existing uses and structures on the property are as follows:	
	no	
7.	Is the project intended to be phased? Please explain:	
	no	<u> </u>
R	Adjacent property information:	7
	Building types Zone and/or uses	
	North: residental North: (R-2D)Combined Residential w/Des	
	South: park South: (A-1) Open Land 1 Acre minimum	
	East: office East: (L-OD) Limited Office with Design I	
	West: office West: (L-OD) Limited Office with Design I	

Square f	footage of p	roposed structures	or additions (if 5+ f	oors, attach narrative with chart):	
		Gross Squ	are Feet		
	1st Floor	6026			
	2nd Floor				
	3rd Floor	0			
	4th Floor	0			
B. Maxir	num propos	ed structure heigh	t(s):	46	
C. Numb	per of stories	s:		1	
D. Numl	per of seats	(if restaurant, tave	ern or lounge):	115	
E. Numb	oer of reside	ential units (if appli	ca <mark>ble):</mark>	0	
). Existing	Structures:				
Square t	footage of e	xisting structures o	or additions (if 5+ flo	rs, attach narrative with chart):	
		Gross Squ	are Feet		
	1st Floor				
	2nd Floor				
	3rd Floor				
	4th Floor				
. Building	Exterior:				
		Materials		Colors	
Roof:		metal		gray	
Walls:		stone		browns	
Window	s/Doors:	wood		gray	
Fascia,	Trim, etc:	wood		browns	
Other:					
2. Setbacks	:				
Note: Pla	ans that are	not graphically dir	mensioned will not be	accepted.	
	Building Re	equired	Building Propose	Parking Required	Parking Proposed
Front:	10		20		
Rear:	5		21		
	5		10'-6"		
Side 1:			22		

9. Proposed Structures:

13.	Site Design:						
		Site Percentage De	evoted to			Square Feet	
	Building Coverage:	45					
		%					
	Landscaping:	55					
		%				17. <u>2</u> 1.	
	Paving:	0/					
	655 550	%					
	Other Uses:	%					
	Describe Other Heart	70					
	Describe Other Uses:						
14.	Parking:						
			Required			Proposed	
	Accessible Spaces:		1			1	
	Parking Spaces:		23			75	
	Bicycle Spaces:		3			3	
	Proposed compact spaces:						
						<i>5</i> 7	
	Are you proposing off-site pa	rking?		Oyes	⊚ No		
		If yes, h	ow many space	es?			
	Are you requesting shared pa	arking or a parking	reduction?	Oyes	⊚ No		
				-2			
		If yes, h	ow many space	_			
	Restricted parking?			Oyes	◎No		
15.	Landscaping:						
	A. Are there any prominent tr	ees or areas of veg	etation on the	property?	Oyes	●No	
	B. Type:					1	
	C. Size:					1	
	D. General Location:					7	
	Mechanical Units:					_	
	Number of Units:	2					
	Number of offics.	2					
	Unit Location:	attic					
	Type:						
	Height:						
	Proposed Screening Method:						
	And the second s	2-T					

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.)	Oyes	Ono
E. Is recycling proposed?	Oyes	ONO
18.Irrigation Ditches/Canals:		
A. Are there any irrigation ditches or canals on or adjacent to property?	the	Oyes ONo
B. Location:		
C. Size:		
19.Fencing:		
Proposed Existing to R	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, swale	
22.Floodways & Hillsides:		
A. Is any portion of this property located in a Floodway or a 1 Floodplain?	.00-year	Oyes No
B. Does any portion of this parcel have slopes in excess of 15	%?	Oyes No
Note: If the answer to either of the above is yes, you will be r additional fee. You must submit the additional required applica-		
23.Airport Influence Area:		
Is the subject site located within the Airport Influence Area? ((If yes, please	e mark which 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:			