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#161 Design Review Application

Case #: DRH19-00253

Property Information						
Address						
Street Number:	Prefix:	Street Name:			Unit #:	
8650	W	HACKAMORE DR				
Subdivision name:	Block:	Lot: Section	n: Township:	Range:	Zoning:	
CENTURY LANDMARK CENTER NO. 06	01	16 13	3	1	C-3D/DA	
Parcel Number:	Addition	al Parcel Numbers:				
R1343830100						
Primary Contact						
Who is responsible for receiving e			inicating with Boise	City?		
OAgent/Representative OAp	plicant O	Owner				
Applicant Information						
First Name:	Last Name	:				
Amanda	Ryan					
Company:						
BRS Architects						
Address:	City:		State:		Zip:	
1010 S. Allante Place Ste 100	Boise	Charles (See See See See See See See See See Se	ID	~	83709	
E-mail:	Phone Nur		Cell:		Fax:	
amanda@brsarchitects.com	(208) 336	0-83/0				
Agent/Representative Informatio	n d Developer	OEngineer	OContractor O	Other		
First Name:	Last Name					
TRENT	KOCI	:				
Company:						
BRS Architects						
Address:	City:		State:		Zip:	
1010 S. Allante Place Ste 100	Boise		ID	~	83709	
E-mail:	Phone Nur	mber:	Cell:		Fax:	
TRENT@brsarchitects.com	(208) 336	i-8370	(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		7 - 100 (100 (100 (100 (100 (100 (100 (10	
Owner Information						
Same as Applicant? No Oyes	(If	es, leave this section bl	ank)			
First Name:	Last Name	:				
MIKE	INTRAVIA					
Company:						
INTRASTAR, LLC						
Address:						
1199 E RIVERS END	City:		State:	82. 20	Zip:	
	BOISE		State:	~	Zip: 83616	
E-mail:		mber:		~		

Pro	oject Information							
Is	this a Modification appli	ication?	Yes	ONo	File numb	per being modified:		
1.	Neighborhood Associati	ion:						
	South Cole		~					
2.	Comprehensive Plannin	g Area:						
	Unknown	**	~					
3.	This application is a req	uest to constru	ct, add or c	hange the u	se of the propert	y as follows:		
	A +/-10,990 SF BUILD	ING AND SITE	IMPROVE	MENTS				*
4.	Size of Property:							
	1.522 Acres Os	Square Feet						
5.	Water Issues:							
	A. What are your fire	flow requireme	nts? (See 1	Internation	al Fire Code):			
	2250							gpm
	B. Number of hydrants Note: Any new hydran Number of Existing:				er approval.	Number of Proposed:	0	
	C. Is the building "spri	inklared"2	0	ves (No			
	D. What volume of wa							apm
_	Existing uses and struct	tures on the pro	north are a	e follower				
0.	N/A	tures on the pro	perty are a	s rollows:				A
7.	Is the project intended	to be phased? F	lease expla	ain:				
	NO							A
8.	Adjacent property inform	nation:						
	Building types and/or uses	Zon	e					
	North: FREEWAY	North:			~			
	South: OFFICE		3D) Service	e Commerc	cial w/Desig			
	East: FREEWAY	East:			V			
			20/0		· 1 (D ·			
	West: VACANT LOT	West: (C-	3D) Service	e Commerc	cial w/Desid			

Square	footage of p	roposed structures or		floors, attach narr	ative with chart):	
	1st Floor	Gross Square 10990	Feet			
	2nd Floor					
	3rd Floor	0				
	4th Floor	0				
	ici i iooi	U				
B. Maxir	mum propos	ed structure height(s):	:	18		
C. Numl	ber of stories	s:		1		
D. Num	ber of seats	(if restaurant, tavern	or lounge):	0		
E. Numb	ber of reside	ntial units (if applicabl	le):	0		
0. Existing	Structures:					
Square	footage of e	xisting structures or a	dditions (if 5+ flo	oors, attach narrat	ive with chart):	
		Gross Square	Feet			
	1st Floor					
	2nd Floor					
	3rd Floor					
	4th Floor					
		S-				
1. Building	Exterior:					
1. Building	Exterior:	Materials			Colors	
1. Building Roof:	Exterior:	Materials TPO			Colors METAL	
	Exterior:				1	
Roof: Walls:	Exterior:	TPO	-RONT		METAL	
Roof: Walls: Window		TPO CMU	FRONT		METAL GRAY FAMILY	
Roof: Walls: Window	/s/Doors:	TPO CMU ALUMINUM STOREF	FRONT		METAL GRAY FAMILY CLEAR ANODIZED	
Walls: Window Fascia,	/s/Doors: Trim, etc:	TPO CMU ALUMINUM STOREF METAL	-RONT		METAL GRAY FAMILY CLEAR ANODIZED BLACK	
Roof: Walls: Window Fascia, Other:	/s/Doors: Trim, etc:	TPO CMU ALUMINUM STOREF METAL		e accepted.	METAL GRAY FAMILY CLEAR ANODIZED BLACK	
Roof: Walls: Window Fascia, Other:	/s/Doors: Trim, etc:	TPO CMU ALUMINUM STOREF METAL METAL not graphically dimen:			METAL GRAY FAMILY CLEAR ANODIZED BLACK	Parking Proposed
Roof: Walls: Window Fascia, Other:	/s/Doors: Trim, etc: s: ans that are	TPO CMU ALUMINUM STOREF METAL METAL not graphically dimen:	sioned will not be		METAL GRAY FAMILY CLEAR ANODIZED BLACK SOFFIT	Parking Proposed
Roof: Walls: Window Fascia, Other: 2. Setbacks Note: Pl	s/Doors: Trim, etc: s: ans that are Building Re	TPO CMU ALUMINUM STOREF METAL METAL not graphically dimen:	sioned will not b		METAL GRAY FAMILY CLEAR ANODIZED BLACK SOFFIT	Parking Proposed
Roof: Walls: Window Fascia, Other: 2. Setbacks Note: Pla	rs/Doors: Trim, etc: s: ans that are Building Re 10	TPO CMU ALUMINUM STOREF METAL METAL not graphically dimen:	sioned will not be Building Propose 14'10		METAL GRAY FAMILY CLEAR ANODIZED BLACK SOFFIT	Parking Proposed

9. Proposed Structures:

	Site Design:	Site Percentage	Devoted to			Square Feet	
	Building Coverage:	17				10933	
	building coverage.	%				10000	
	Landscaping:	44				29219	
	No. of Control of Cont	%			50		
	Paving:	39				26168	
		%					
	Other Uses:	%					
	Describe Other Uses:	,,,					
14.	Parking:						
	-		Required			Proposed	
	Accessible Spaces:		2			2	
	Parking Spaces:		35			35	
	Bicycle Spaces:		4			4	
	Proposed compact spaces:					0	
	Are you proposing off-site pa	arking?		Oyes	⊚ No		
	Are you proposing on site pe		2		ONO	-	
			, how many space	ces?			
	Are you requesting shared p	arking or a parkir	ng reduction?	Oyes	ONo		
		If yes	, how many space	ces?			
	Restricted parking?			Oyes	⊚ No		
15.	Landscaping:						
	A. Are there any prominent t	rees or areas of v	egetation on the	e property?	⊚ Yes	ONo	
	B. Type: (3)	Pinus (1) Ash Fr	axinus				
	C. Size:						
	D. General Location: SO	UTH EAST CORN	ER				
16.	Mechanical Units:						
	Number of Units:	3					
	Unit Location:	ROOF					
	Type:						
	Height:	54"					
	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:	2		
C. Proposed screening method:	CMU ENCL	OSURE WIT	TH GATE
D. Is the proposed location accessible for collection? (Contact Boise Public Works at 384-3901.)	⊚ Yes	ONo	
E. Is recycling proposed?	O Yes	ONo	
18.Irrigation Ditches/Canals:			
A. Are there any irrigation ditches or canals on or adjacent to property?	o the	Oyes	●No
B. Location:			
C. Size:			
19.Fencing:			
Proposed Existing to	Remain		
Type: CHAIN LIN	NK AT FREEWA		
Height:]	
Location:]	
20.Loading Facilities (if proposed, for commercial uses only):			
Number:			
Location:			
Size:			
Screening:			
21.Drainage:			
Proposed method of on-site retention:	TON BASINS		
22.Floodways & Hillsides:			
A. Is any portion of this property located in a Floodway or a Floodplain?	100-year	Oyes	●No
B. Does any portion of this parcel have slopes in excess of 1	5%?	Oyes	●No
Note: If the answer to either of the above is yes, you will be additional fee. You must submit the additional required applie			
23.Airport Influence Area:			
Is the subject site located within the Airport Influence Area?	(If yes, pleas	e mark which	ch area.)
ONO OArea A OArea B OArea B1 OArea C	2		

Licensed Architect Information			
Zoning Ordinance Section 11-07-02	equires a licensed architect for new buildir	ngs and additions over	200 sq. ft.
Is the project's Architect listed on th	e first page? Oves ONo	(If yes, leave this	s section blank.)
	23 225		CONTRACT AND ADMINISTRATION OF THE CONTRACT OF
First Name:	Last Name:		
Company:			
	0.0		228
Address:	City:	State:	Zip:
E-mail:	Phone Number:	Cell:	Fax:
D-f			
Professional License #:			
Landscape Professional Informa	tion		
Is the project's Landscape Profession	nal listed on the first page? ©ves	No (If yes, leave	this section blank.)
FAN			
First Name: ALLYSSA	Last Name: YENSEN		
	TENSEN		
Company: KM ENGINEERING			
Address:	City:	State:	Zip:
9233 W STATE STREET	BOISE	ID	83714
E-mail:	Phone Number:	Cell:	Fax:
AYENSEN@KMENGLLP.COM	(208) 693-6939	12	3 (2)
Professional License #:	(A)		*
LA-16577			
J			
Verification of Legal Lot or Parce	el Status		
	ot validate the legal status of any lot or pa		
	m signed by the Boise City Subdivision De		
and/or other documentation to the S	ubdivision Department. See Verification of	Legal Lot or Parcel Wo	orksheet for submittal requirements.
	ove provided information is true and accur		
	failure to provide true and accurate inform		
revocation of the permit where wron	gfully issued and subject the undersigned a	any applicable civil and	or criminal penalties.
Annah/Pananahati Sinahan			
Agent/Representative Signature:			
Date			