

#109 Conditional Use Application

Property Information

CUP19-00046

Address

| | | | |
|-------------------|----------------------------|--------------------|----------|
| Street Number: | Prefix: | Street Name: | Unit #: |
| | | 665 N MITCHELL ST. | |
| Subdivision name: | Block: | Lot: | Section: |
| | | | |
| Parcel Number: | Additional Parcel Numbers: | Township: | Range: |
| | R1573680415 & R1573680476 | | |
| | | Zoning: | |

Primary Contact

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

☐ Agent/Representative ☒ Applicant ☐ Owner

Applicant Information

| | | | |
|----------------------------------|---------------------|--------------|--------------|
| First Name: | Last Name: | State: | Zip: |
| John | Skourtes (Skourtes) | OR | 97124 |
| Company: | ACORN Meridian, LLC | | |
| Address: | City: | State: | Zip: |
| 6950 NE CAMPUS WAY | HILLSBORO | OR | 97124 |
| E-mail: | Phone Number: | Cell: | Fax: |
| skourtes@adl.com | 503 841 2410 | 503 841 2410 | 360 546 8994 |
| Agent/Representative Information | | | |

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

| | | | |
|-------------|---------------|--------|------|
| First Name: | Last Name: | State: | Zip: |
| | | | |
| Company: | SAML AS ABOVE | | |
| Address: | City: | State: | Zip: |
| | | | |
| E-mail: | Phone Number: | Cell: | Fax: |
| | | | |

Owner Information

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

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

RECEIVED

CUP 19-00046

JUL 25 2019

DEVELOPMENT
SERVICES

Project Information

Is this a Modification application?

☐ Yes

☒ No

File number being modified:

i. Neighborhood Association:

ii. Comprehensive Planning Area:

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

iv. Size of Property:

 ☐ Acres ☐ Square Feet

INCLUDE, PRIVATE PAVED 30' ROAD TO MITCHELL

v. 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

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

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

viii. Adjacent property information:

Building types and/or uses

North:

North:

Zone

☒ M-1

South:

South:

☒ M-1

East:

East:

☒ M-1

West:

West:

☒ M-1

RECEIVED

JUL 25 2019

DEVELOPMENT
SERVICES

CUP 19-00046

A. Number of Structures:

1

Use:

DENTAL CLINIC

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

Gross Square Feet

| | |
|-----------|--------------|
| 1st Floor | 14,984 sq ft |
| 2nd Floor | |
| 3rd Floor | |
| 4th Floor | |

B. Maximum proposed structure height(s):

12' PLUS 4X12 PITCH - DUTCH HIP - METAL ROOF

C. Number of stories:

1

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

E. Number of residential units (if applicable):

D. Existing Structures:

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

Gross Square Feet

| | |
|-----------|--|
| 1st Floor | |
| 2nd Floor | |
| 3rd Floor | |
| 4th Floor | |

1. Building Exterior:

Materials

Colors

| | |
|--------------------|--------------------------|
| Roof: | METAL |
| Walls: | STUCCO |
| Windows/Doors: | ALUMINUM W/ THERMO GLASS |
| Fascia, Trim, etc: | BRICK |
| Other: | |

| |
|------------|
| LIGHT GREY |
| WHITE |
| BRONZE |
| |
| |

2. Setbacks:

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

ALLOWED

| | Building Required | Building Proposed | Parking Required | Parking Proposed |
|---------|-------------------|-------------------|------------------|------------------|
| Front: | 7 | 7 LANDSCAPED 72' | 38 PER 1000 48 | 59 62 |
| Rear: | ZERO | 17' | | |
| Side 1: | ZERO | 58' | | |
| Side 2: | ZERO | 14' | | |

RECEIVED

CUP 19-00046

JUL 25 2019

DEVELOPMENT
SERVICES

3. Site Design:

| | Site Percentage Devoted to | Square Feet |
|----------------------|--|-------------|
| Building Coverage: | 25 | 11,984 |
| Landscaping: | 20 | 8,770 |
| Paving: | 55 | 25,728 |
| Other Uses: | | |
| Describe Other Uses: | EXCLUDES EXISTING 30' PAVED PRIVATE ROAD SERVING THIS PARCEL (EUG LOT) | |

4. Parking:

| | Required | Proposed |
|--------------------------|----------|--------------------------|
| Accessible Spaces: | | |
| Parking Spaces: | | 54 9' X 18' Parking SPOT |
| Bicycle Spaces: | | |
| Proposed compact spaces: | | |

Are you proposing off-site parking? ☐ Yes ☒ No

If yes, how many spaces?

Are you requesting shared parking or a parking reduction? ☐ Yes ☒ No

If yes, how many spaces?

Restricted parking? ☐ Yes ☒ No

5. Landscaping:

A. Are there any prominent trees or areas of vegetation on the property? ☐ Yes ☒ No

B. Type:

C. Size:

D. General Location:

6. Mechanical Units:

Number of Units:

Unit Location:

Type:

Height:

Proposed Screening Method:

RECEIVED

JUL 25 2019

DEVELOPMENT
SERVICES

CUP 19-00046

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:

CHAIN LINK w/SLOTS 6'

D. Is the proposed location accessible for collection?
 (Contact Boise Public Works at 384-3901.)

☒ Yes ☐ No

E. Is recycling proposed?

☐ Yes ☒ No

8. Irrigation Ditches/Canals:

A. Are there any irrigation ditches or canals on or adjacent to the property? ☐ Yes ☒ No

B. Location:

C. Size:

9. Fencing:

| | Proposed | Existing to Remain |
|-----------|----------|--------------------|
| Type: | None | |
| Height: | | |
| Location: | | |

10. Loading Facilities (if proposed, for commercial uses only):

Number: N/A
 Location:
 Size:
 Screening:

1. Drainage:

Proposed method of on-site retention:

2. 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 #112 Floodplain and/or #114 Hillside application and additional fee.

3. 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

RECEIVED

JUL 25 2013

DEVELOPMENT
SERVICES

CUP 19-00046

5

Project Information

Is this a Modification application?

☐ Yes

☒ No

File number being modified:

i. Neighborhood Association:

ii. Comprehensive Planning Area:

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

CURRENT M-1 - CONDITIONAL USE PERMIT TO CONSTRUCT DENTAL BLDG.
WILLAMETTE DENTAL PC

iv. Size of Property:

☒ 1.44

☐ Acres

☐ Square Feet

INCLUDES 30' PRIVATE ROAD TO MITCHELL

v. Water Issues:

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

EXISTING HYDRANT 100' FROM BUILDING 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):

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

LOW HAZARD OFFICE USE ~~NO~~ AMBULATORY OCCUPANT

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

NO

viii. Adjacent property information:

Building types and/or uses

North:

South:

East:

West:

Zone

North:

South:

East:

West:

5

RECEIVED

JUL 25 2019

DEVELOPMENT
SERVICES

CUP 19-00046

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:

John Skowronski

Date:

JUNE 19 2019

RECEIVED

JUL 25 2019

DEVELOPMENT
SERVICES

CUP 19-00046