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#161 Design Review Application

Case #: DRH19-00356

| Address | | | | | | |
|---|---|--------------------------------------|----------------|----------------------|---------|-------------------|
| Street Number: | Prefix: | Street Name: | | | | Unit #: |
| 505 | W | BANNOCK S | Т | | | |
| Subdivision name: | Block: | Lot: | Section: | Township: | Range: | Zoning: |
| & 12 BLK 41 | 0 | 11 | 10 | 3 | 2 | C-5DD |
| Parcel Number: | Addition | al Parcel Numb | ers: | ** | 36. 55. | |
| R1013002760 | | | | | | |
| Primary Contact | | | | | | |
| Who is responsible for receiving | g e-mail, uploa | ding files and | communicat | ting with Boise | City? | |
| Agent/Representative | Applicant | Owner | | | | |
| Applicant Information | | | | | | |
| First Name: | Last Name | : | | _ | | |
| Kelli | Lakey | | | | | |
| Company: | | | | | | |
| Pivot North Architecture | | | | | | |
| Address: | City: | | | | | Zip: |
| 1101 West Grove St. Suite 101 | Boise | | | ID | ~ | 83702 |
| E-mail: | | Phone Number: | | Cell: | | Fax: |
| kelli@pivotnorthdesign.com |)-310 <mark>8</mark> | | (208) 371-3988 | | | |
| Agent/Representative Informat | tion | | - | | | |
| Role Type: Architect OL | and Developer | O _{Engin} | eer OCo | | Other | |
| Role Type: Architect OL | and Developer | 1000 | eer Oco | | | |
| Role Type: Architect OL First Name: Kelli Company: | and Developer | 1000 | eer Oco | | | |
| Role Type: Architect OL First Name: Kelli Company: Pivot North architecture | and Developer | 1000 | eer Oco | | | |
| Role Type: Architect OL First Name: Kelli Company: Pivot North architecture Address: | Last Name Lakey City: | 1000 | eer Oco | ntractor O | Other | Zip: |
| Agent/Representative Informat Role Type: Architect OL First Name: Kelli Company: Pivot North architecture Address: 1101 W Grove St | and Developer Last Name Lakey | 1000 | eer Oco | ntractor O | | |
| Role Type: Architect OL First Name: Kelli Company: Pivot North architecture Address: 1101 W Grove St E-mail: | Last Name Lakey City: Boise Phone Num | mber: | eer Oco | ntractor O | Other | |
| Role Type: Architect OL First Name: Kelli Company: Pivot North architecture Address: 1101 W Grove St E-mail: | Last Name Lakey City: Boise | mber: | eer Oco | ntractor O State: | Other | 83716 |
| Role Type: Architect OL First Name: Kelli Company: Pivot North architecture Address: | Last Name Lakey City: Boise Phone Num | mber: | eer Oco | ntractor O State: | Other | 83716 |
| Role Type: Architect OL First Name: Kelli Company: Pivot North architecture Address: 1101 W Grove St E-mail: kelli@pivotnorthdesign.com Owner Information | Last Name Lakey City: Boise Phone Num (208) 690 | mber: | | ntractor O State: | Other | 83716 |
| Role Type: Architect OL First Name: Kelli Company: Pivot North architecture Address: 1101 W Grove St E-mail: kelli@pivotnorthdesign.com Owner Information Same as Applicant? No No First Name: | Last Name Lakey City: Boise Phone Num (208) 690 Yes (If y | mber: 0-3108 ves, leave this s | | ntractor O State: | Other | 83716 |
| Role Type: Architect OL First Name: Kelli Company: Pivot North architecture Address: 1101 W Grove St E-mail: kelli@pivotnorthdesign.com Owner Information | Last Name Lakey City: Boise Phone Nui (208) 690 | mber: 0-3108 ves, leave this s | | ntractor O State: | Other | 83716 |
| Role Type: Architect OL First Name: Kelli Company: Pivot North architecture Address: 1101 W Grove St E-mail: kelli@pivotnorthdesign.com Owner Information Same as Applicant? No First Name: Greg Company: | Last Name Lakey City: Boise Phone Num (208) 690 Yes (If y | mber: 0-3108 ves, leave this s | | ntractor O State: | Other | 83716 |
| Role Type: Architect OL First Name: Kelli Company: Pivot North architecture Address: 1101 W Grove St E-mail: kelli@pivotnorthdesign.com Owner Information Same as Applicant? No No | Last Name Lakey City: Boise Phone Num (208) 690 Yes (If y | mber: 0-3108 ves, leave this s | | ntractor O State: | Other | 83716 |
| Role Type: Architect OL First Name: Kelli Company: Pivot North architecture Address: 1101 W Grove St E-mail: kelli@pivotnorthdesign.com Owner Information Same as Applicant? No First Name: Greg Company: I.M. Irie Two LLC Address: | Last Name Lakey City: Boise Phone Num (208) 690 Yes (If y | mber: 0-3108 ves, leave this s | | ntractor O State: | Other | 83716 Fax: Zip: |
| Role Type: Architect OL First Name: Kelli Company: Pivot North architecture Address: 1101 W Grove St E-mail: kelli@pivotnorthdesign.com Owner Information Same as Applicant? No First Name: Greg Company: | Last Name Lakey City: Boise Phone Nui (208) 690 Yes (If) Last Name Strimple | mber: 0-3108 ves, leave this s | | State: ID Cell: | Other | 83716 Fax: |
| Role Type: Architect OL First Name: Kelli Company: Pivot North architecture Address: 1101 W Grove St E-mail: kelli@pivotnorthdesign.com Owner Information Same as Applicant? No First Name: Greg Company: I.M. Irie Two LLC Address: | Last Name Lakey City: Boise Phone Nui (208) 690 Yes (If) Last Name Strimple | nber: 0-3108 ves, leave this s | | State: State: State: | Other | 83716 Fax: Zip: |

| Pr | roject Information | | | | | | |
|----|--|----------------|-----------------|-----------------------|--------------------|------|-----|
| Is | this a Modification application | ? Oyes | ⊚ _{No} | File numb | er being modified: | | |
| ι. | Neighborhood Association: | | | | | | |
| | Downtown Boise | ~ | | | | | |
| 2. | Comprehensive Planning Area | : | | | | | |
| | Downtown | ~ | | | | | |
| 3. | This application is a request to | construct, ad | d or change th | e use of the property | as follows: | | |
| | The project is a 3 story mixe This scope of work is for a s | | | | | | • |
| 1. | Size of Property: | | | | | | |
| | .14 OAcres OSquare | Feet | | | | | |
| | • | | | | | | |
| | | | | | | | |
| 5. | Water Issues: | | | | | | |
| | A. What are your fire flow re | equirements? | (See Internat | ional Fire Code): | | | |
| | 2250 | | | | | | gpm |
| | B. Number of hydrants (sho Note: Any new hydrants/hyd | | | /ater approval. | | | |
| | Number of Existing: | | 1 | | Number of Propos | sed: | |
| | C. Is the building "sprinklere | ed"? | Oves | ONo | | | |
| | | | otact CUE7 / | 200) 262 7254). | | | |
| | D. What volume of water is | available: (Co | INIACL SUEZ (| 206) 302-7334). | | | gpm |
| 5. | Existing uses and structures o | n the property | are as follows | | | | |
| • | Abandoned building and par | | are as ronow: | | | | Α. |
| | ribandoned banding and par | ining for | 111 | | | | - |
| 7. | Is the project intended to be p | hased? Please | explain: | | | | |
| | No | | | | | | A |
| | | | | | | | 7 |
| • | Adjacent property information: Building types | Zone | | | | | |
| | and/or uses | Lone | | | | | |
| | North: Parking Lot No | orth: (C-5DD) | Central Busin | ness District w | | | |
| | South: Parking Lot So | outh: (C-5HDC | C) Central Bus | siness District 🗸 | | | |
| | East: Parking Lot Ea | st: (C-5DD) | Central Busin | ness District v | | | |
| | West: Commercial Buidin W | | | | | | |
| | West, Commercial building W | CSL. (C SUU) | Contrai Dusii | TODO DIDUICE VI | | | |

| Square | rootage or p | Gross Squa | | oors, attach narrative with chart): | |
|-----------------|----------------|-------------------------|-------------------------|-------------------------------------|------------------|
| | 1st Floor | 5800 | | | |
| | 2nd Floor | 5000 | | | |
| | 3rd Floor | 4300 | | | |
| | 4th Floor | 0 | | | |
| B. Maxir | mum propos | ed structure height(| (s): | 60 | |
| C. Numi | ber of stories | 5: | | 3 | |
| D. Num | ber of seats | (if restaurant, taver | n or lounge): | 193 | |
| | | ntial units (if applica | | 0 | |
| | Structures: | \$1 1812. | 20 | | |
| | | xisting structures or | additions (if 5+ flo | ors, attach narrative with chart): | |
| | | Gross Squa | re Feet | | |
| | 1st Floor | 1600 | | | |
| | 2nd Floor | | | | |
| | 3rd Floor | | | | |
| | 4th Floor | | | | |
| 1. Building | Extorion | | | | |
| I. Building | Exterior. | Materials | | Colors | |
| Roof: | | TPO | | Light Gray | |
| Walls: | | CMU, EIFS, Wood | l Panel | Light Color (White | e) & Dark Color |
| Window | s/Doors: | Storefront | | Dark Bronze & Bla | ack |
| Fascia, | Trim, etc: | EIFS & Wood | | Painted to match | body color |
| Other: | | | | | |
| 2. Setbacks | s: | | | | |
| Note: Pl | ans that are | not graphically dim | ensioned will not be | accepted. | |
| | Building Re | equired | Building Propose | Parking Required | Parking Proposed |
| | 0 | 0 | | 0 | 0 |
| Front: | 0 6' | | 6' | 0 | 0 |
| Front: Rear: | 0 0 | | 0 | 0 | |
| | 0 | | | | |

9. Proposed Structures:

| Building Coverage: Building Coverage: 95 | 13. Site Design: | | | | | | |
|--|----------------------------|-----------------------|------------------|-----------|-------------|-------------|--|
| Landscaping: 0 | | Site Percentage De | evoted to | | | Square Feet | |
| Landscaping: 0 | Building Coverage: | | | | | 5800 | |
| 96 | | | | | | | |
| Paving: 5 296 Other Uses: 0 0 0 Describe Other Uses: 0 14. Parking: | Landscaping: | | | | | 0 | |
| Other Uses: Other Uses: Other U | | | | | | bas | |
| Other Uses: 0 | Paving: | | | | | 296 | |
| Describe Other Uses: 14. Parking: Required Proposed | Other Uses | | | | | 0 | |
| Required Proposed Accessible Spaces: 0 0 0 Parking Spaces: 0 0 0 Parking Spaces: 0 0 0 Proposed compact spaces: 0 0 0 Proposed compact spaces: 0 0 0 If yes, how many spaces? Are you requesting shared parking or a parking reduction? Ves No If yes, how many spaces? Restricted parking? Ves No 15. Landscaping: A. Are there any prominent trees or areas of vegetation on the property? Ves No B. Type: C. Size: D. General Location: 16. Mechanical Units: Number of Units: 2 Unit Location: Main Roof | Other oses. | | | | | 0 | |
| Accessible Spaces: D Parking Spaces: D Bicycle Spaces: D Proposed compact spaces: D If yes, how many spaces? Are you proposing off-site parking or a parking reduction? If yes, how many spaces? Restricted parking? Restricted parking? A. Are there any prominent trees or areas of vegetation on the property? B. Type: C. Size: D. General Location: 16. Mechanical Units: Number of Units: 2 Unit Location: Main Roof | Describe Other Uses: | 0 | | | | | |
| Accessible Spaces: 0 0 0 3 Bicycle Spaces: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 14. Parking: | | | | | | |
| Parking Spaces: Bicycle Spaces: Proposed compact spaces: O Proposed compact spaces: Are you proposing off-site parking? If yes, how many spaces? Are you requesting shared parking or a parking reduction? If yes, how many spaces? Restricted parking? Ves No 15. Landscaping: A. Are there any prominent trees or areas of vegetation on the property? B. Type: C. Size: D. General Location: 16. Mechanical Units: Number of Units: 2 Unit Location: Main Roof | | | Required | | | Proposed | |
| Bicycle Spaces: Proposed compact spaces: Are you proposing off-site parking? If yes, how many spaces? Are you requesting shared parking or a parking reduction? If yes, how many spaces? Restricted parking? Ves No 15. Landscaping: A. Are there any prominent trees or areas of vegetation on the property? B. Type: C. Size: D. General Location: 16. Mechanical Units: Number of Units: 2 Unit Location: Main Roof | Accessible Spaces: | | 0 | | | 0 | |
| Bicycle Spaces: Proposed compact spaces: Are you proposing off-site parking? If yes, how many spaces? Are you requesting shared parking or a parking reduction? If yes, how many spaces? Restricted parking? Ves No 15. Landscaping: A. Are there any prominent trees or areas of vegetation on the property? B. Type: C. Size: D. General Location: 16. Mechanical Units: Number of Units: 2 Unit Location: Main Roof | Parking Spaces: | | 0 | | | 3 | |
| Proposed compact spaces: Are you proposing off-site parking? If yes, how many spaces? Are you requesting shared parking or a parking reduction? If yes, how many spaces? Restricted parking? Ves No 15. Landscaping: A. Are there any prominent trees or areas of vegetation on the property? B. Type: C. Size: D. General Location: 16. Mechanical Units: Number of Units: 2 Unit Location: Main Roof | | | 0 | | | 0 | |
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| If yes, how many spaces? Are you requesting shared parking or a parking reduction? Ves No If yes, how many spaces? Restricted parking? Ves No 15. Landscaping: A. Are there any prominent trees or areas of vegetation on the property? B. Type: C. Size: D. General Location: 16. Mechanical Units: Number of Units: 2 Unit Location: Main Roof | | | | | | 10 | |
| Are you requesting shared parking or a parking reduction? If yes, how many spaces? Restricted parking? Ves No 15. Landscaping: A. Are there any prominent trees or areas of vegetation on the property? Ves No B. Type: C. Size: D. General Location: 16. Mechanical Units: Number of Units: 2 Unit Location: Main Roof | Are you proposing off-site | parking? | | Ves | ®No | | |
| Restricted parking? Oves No 15. Landscaping: A. Are there any prominent trees or areas of vegetation on the property? B. Type: C. Size: D. General Location: 16. Mechanical Units: Number of Units: 2 Unit Location: Main Roof | | If yes, h | ow many spac | es? | | | |
| Restricted parking? 15. Landscaping: A. Are there any prominent trees or areas of vegetation on the property? B. Type: C. Size: D. General Location: 16. Mechanical Units: Number of Units: 2 Unit Location: Main Roof | Are you requesting shared | parking or a parking | reduction? | Oyes | ⊚ No | | |
| Restricted parking? 15. Landscaping: A. Are there any prominent trees or areas of vegetation on the property? B. Type: C. Size: D. General Location: 16. Mechanical Units: Number of Units: 2 Unit Location: Main Roof | | If was h | ow many chac | 002 | | | |
| 15. Landscaping: A. Are there any prominent trees or areas of vegetation on the property? B. Type: C. Size: D. General Location: 16. Mechanical Units: Number of Units: Unit Location: Main Roof | | II yes, II | OW Illally Space | _ | | | |
| A. Are there any prominent trees or areas of vegetation on the property? B. Type: C. Size: D. General Location: 16. Mechanical Units: Number of Units: 2 Unit Location: Main Roof | Restricted parking? | | | Ves | ●No | | |
| B. Type: C. Size: D. General Location: 16. Mechanical Units: Number of Units: Unit Location: Main Roof | 15. Landscaping: | | | | | | |
| C. Size: D. General Location: 16. Mechanical Units: Number of Units: 2 Unit Location: Main Roof | A. Are there any prominen | trees or areas of veg | etation on the | property? | Oyes | ⊚ No | |
| C. Size: D. General Location: 16. Mechanical Units: Number of Units: 2 Unit Location: Main Roof | R Tyne: | | | | | | |
| D. General Location: 16. Mechanical Units: Number of Units: Unit Location: Main Roof | | | | | | | |
| 16. Mechanical Units: Number of Units: Unit Location: Main Roof | | | | | | | |
| Number of Units: 2 Unit Location: Main Roof | | | | | | | |
| Unit Location: Main Roof | | _ | | | | | |
| | Number of Units: | 2 | | | | | |
| Type | Unit Location: | Main Roof | | | | | |
| Type. | Type: | Tran | | | | | |
| Height: 5' | Height: | 5' | | | | | |
| Proposed Screening Method: Located behind concrete roof element | | d: Located behind or | oncrete roof el | ement | | | |
| | | | | | | | |
| | | | | | | | |

| 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: | 1 | |
| C. Proposed screening method: | Enclosure | |
| D. Is the proposed location accessible for collection? (Contact Boise Public Works at 384-3901.) | ⊚ Yes | ONo |
| E. Is recycling proposed? | Oyes | ◎ No |
| 18.Irrigation Ditches/Canals: | | |
| A. Are there any irrigation ditches or canals on or adjacent to property? | the | ○Yes |
| B. Location: | | |
| C. Size: | | |
| 19.Fencing: | | |
| Proposed Existing to R | emain | |
| 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 a 1 Floodplain? | 00-year | ○ _{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 re 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 r | equires a licensed architect for new buildings | and additions over 200 sq. ft. | |
| Is the project's Architect listed on the | e first page? Oyes ONo | (If yes, leave this section blan | k.) |
| First Name: | Last Name: | | |
| Company: | | | |
| -11 | | | |
| Address: | City: | State: | Zip: |
| E-mail: | Phone Number: | Cell: | Fax: |
| Professional License #: | | | JL |
| Landscape Professional Informat | tion | | |
| Is the project's Landscape Profession | nal listed on the first page? Oves One | (If yes, leave this section b | olank.) |
| First Name: | Last Name: | | |
| Phil | Hull | | |
| Company: | all Visit | | |
| The Land Group | | | |
| Address: | City: | State: | Zip: |
| 462 E Shore Dr #100 | Eagle | ID ~ | 83616 |
| E-mail: | Phone Number: | Cell: | Fax: |
| phil@thelandgroupinc.com | (208) 939-4041 | | |
| Professional License #: | | | |
| LA-202 | | | |
| Verification of Legal Lot or Parce | l Status | | |
| Verification of Legal Parcel Status for | ot validate the legal status of any lot or parce m signed by the Boise City Subdivision Depart ubdivision Department. See Verification of Leg | tment. It is the applicant's respo | nsibility to provide deeds |
| The undersigned acknowledges that f | ove provided information is true and accurate failure to provide true and accurate information pfully issued and subject the undersigned any | n may result in rejection of this | application, possible penalties. |
| Agent/Representative Signature: | | | |
| Date: | | | |