Commercial Occupancy Evaluation Request

S	Department Application
D	#528
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New Tenant in Existing Space (No Construction)

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Date Received:

Revised 8/2008

Note: Be sure to print this form before closing it or you will lose your data. This form cannot be saved to your computer.

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Property Information			
Address: Street Number: 8150	Prefix: Str	eet Name: Emerala	
Subdivision: Soute	Block: Lot: 100	Section: Township:	Range:
*Primary Parcel Number:			
Applicant Information			
First Name: Jolene	Last Name:	erman	
Company: Kanch Massage	Co.	Phone: 702-2	178-5965
Address: 145 Cranner Dr.	_ City: Meridian	State: ID Z	ip: 83646
E-mail: Jolene - Peterman	Cell: 902-278	5968 Fax:	
(a) hot ma Agent/Representative Information	ilcom		
First Name:	Last Name:		
Company:			
Address:		State: Zip:	
E-mail:	Cell:	Fax:	
Role Type: Architect Land Developer	Contractor C	easing Agent	
Owner Information			
Same as Applicant? Yes No (If yes, lear	ve this section blank)		
First Name:	Last Name:		
Company:	***************************************	Phone:	
Address:	City:	State: Zip	:
E-mail:	Cell:	Fax:	
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City of Boise Planning & Development Service

P.O. Box 500 • 150 N. Capitol Blvd • Boise, Idaho 83701-0500 Phone 208/384/3830 • Fax 208/433-5688 • TDD/TTY 800/377-3529

Structure Information
1. Is the property currently occupied? (Yes No
2. What floor/story is the tenant space on?
3. Total tenant space square footage: $763 sq. \Omega$
4. Is there a basement? (Yes No If yes, what is the square footage?
5. Type of construction:
6. Is there a fire sprinkler system? System? No
7. Is there a fire alarm system? Pres No
Previous Tenant Information
8. Business Name: AAA Home Care
9. Type of Business:
New Tenant Information
10. Business Name: Kanch Massage & Co.
11. Type of Business: Massage 2 Welkess
12. Building or Shopping Center Name:
13. Address: 8150 Emerald Suite Number: 100
14. Type of Use: Office Space Retail Sales Restaurant Office/Warehouse Factory Other
15. Provide a description of the proposed use of tenant space: Massage Studio and retail area for supplements and healt care. Oils, tinctures, lotions, sayts.
 16. Will there be remodeling? Yes (Minor Only) No This application is to be used by any new tenant to obtain a Certificate of Occupancy for a previously occupied

- space, when no work, or only cosmetic minor work is to be done prior to occupancy.
- Only minor work is allowed under this permit. Allowed work includes: replacing or installing floor finish, interior paint or wallpaper, installation of display counters and shelving eight feet high or less.
- Electrical, plumbing and mechanical work require separate permits.
- Modifications to existing fire sprinkler or alarm systems require separate permits.

Additional Requirements

Required Submittal Documents

- 2 copies of the Floor Plan on 11" x 17" paper (minimum size)
- If tenant provides food storage or a food-related service, the plans must be stamped and signed by Central
 District Health.

Required Inspections

- Any code deficiencies identified during the inspections must be corrected before a permanent Certificate of
 Occupancy can be issued. If approved by Fire and Building inspectors, a Temporary Occupancy may be issued to
 allow occupancy while non-life safety issues are being corrected. A Temporary Occupancy is issued for a period
 of 90 days.
- At a minimum, the following inspections are needed:
 - 1. Fire Final Inspection
 - 2. Structural/Building Final Inspection
- If there are other related trades permits, inspections for these are also required.

I understand that the temporary occupancy does not relieve me as the owner/tenant from meeting all the occupancy requirements.

Applicant/Representative Signature

Date

Print Form