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#161 Design Review Application

Case #: DRH19-00480

Address						
Street Number:	Prefix:	Street Nam	e:			Unit #:
1021	W	MAIN ST	9000 AV			
Subdivision name:	Block:	Lot:	Section:	Township:	Range:	Zoning:
BLK 11	0	0	10	3	2	C-5DD
Parcel Number:		al Parcel Num	bers:			
R1013000956	N/A					
Primary Contact						
Who is responsible for receiving OAgent/Representative		ding files an Owner	nd communicat	ing with Boise	City?	
Applicant Information						
First Name:	Last Name	::				
John	Schack					
Company:						
Main Eleven, LLC						
Address:	City:			State:		Zip:
122 S. Jackson St.	Seattle			WA	~	98104
E-mail:	Phone Nur	Phone Number:				Fax:
				Cell:		-
john@revolvedevelopment.com	(206) 790			(206) 790-02	259	
iohn@revolvedevelopment.com Agent/Representative Information Role Type: Architect OLan First Name: John Company:	(206) 790	0-0259 O _{Eng}	ineer Oco	(206) 790-02	Other	
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Pr	oject Information						
Is	this a Modification applica	tion? O	res ONo	File numb	er being modified:	N/A	
1.	Neighborhood Association						
	Downtown Boise		~				
2.	Comprehensive Planning A	rea:	_				
	Downtown		~				
3.	This application is a reque	st to construct, a	— add or change t	the use of the propert	as follows:		
	Change of use for upper the new units.	two floors of ex	xisting hotel ro	ooms to apartments a	and portion of ground	floor retail into a lobby to	serve
4.	Size of Property:						
	0.41 OAcres OSqu	are Feet					
5.	Water Issues:						
	A. What are your fire flow	v requirements	? (See Interna	itional Fire Code):			
	3000	requirements	. (OCC INCOMO	idonari ne codej.			gpm
	B. Number of hydrants (s Note: Any new hydrants) Number of Existing:			Water approval.	Number of Propose	ed: 0	Ĩ
	C. Is the building "sprink	lorod"2	Oyes	⊚ _{No}	Transcr of Frepos		
			Address of the second				
	D. What volume of water 3000	r is available? (Contact SUEZ	(208) 362-7354):			gpm
_				2501			sp
ь.	(1) 3-story structure. To	1 (2 20)	Title Control		porcial		-
	(1) 3-story structure. To	p two noors are	e notel, ground	d floor is recall/comm	lei ciai.		+
7.	Is the project intended to	be phased? Plea	se explain:				
	N/A						-
3.	Adjacent property informat	ion:					
	Building types and/or uses	Zone					
	North: Retail/Commercial			iness District v			
	South: Hotel	South: (C-5DI	D) Central Bus	iness District v			
	East: Retail/Commercial	East: (C-5DI	D) Central Bus	iness District v			
	West: Hotel/Retail/Office	West: (C-5DI	D) Central Bus	iness District v			

		Gross Squa	re Feet			
	1st Floor	0				
	2nd Floor	0				
	3rd Floor	0				
	4th Floor	0				
B. Maxir	m <mark>um propos</mark> e	ed structure height	(s):			
C. Numl	per of stories	:		0		
D. Num	ber of seats ((if restaurant, tave	rn or lounge):	0		
E. Numb	per of resider	ntial units (if applic	able):	0		
. Existing	Structures:					
Square	footage of ex	kisting structures o	r additions (if 5+ floors,	attach narrative w	rith chart):	
		Gross Squa	re Feet			
	1st Floor	11247				
	2nd Floor	11776				
	3rd Floor	11776				
	4th Floor	0				
. Building	Exterior:					
		Materials			Colors	
Roof:		TPO			WHITE	
Walls:		CMU BLOCK AND	WOOD WITH STUCCO		CHARCOAL	
Window	s/Doors:	ALUMINUM STOR	REFRONT; VINYL UNIT V	/INDC	SILVER/DARK BRO	ZE; BLACK VINYL
Fascia,	Trim, etc:	WOOD SCREEN	CLADDING		NATURAL WOOD	
Other:						
. Setbacks	i:					
Note: Pla	ans that are	not graphically dim	ensioned will not be acc	epted.		
	Building Re	quired	Building Proposed	Parkin	ng Required	Parking Proposed
Front:	N/A					
Rear:	N/A					
Side 1:	N/A					
Side 2:	N/A					

9. Proposed Structures:

13.	Site Design:					
		Site Percentage Dev	oted to			Square Feet
	Building Coverage:	100				13085
		%				
	Landscaping:	0 %				0
	Desirent	1				h
	Paving:	0 %				0
	Other Uses:	0				0
		%				
	Describe Other Uses:	N/A				
14.	Parking:					
			Required			Proposed
	Accessible Spaces:	[0			0
	Parking Spaces:		0			0
	Bicycle Spaces:		0			0
	Proposed compact spaces:					0
	Are you proposing off-site pa	rking?		Oyes	⊚ No	
		If yes, hov	w many space	s?		
	Are you requesting shared pa	rking or a parking red	duction?	Oyes	⊚ No	
		If yes, hov	w many space	s?		
	Restricted parking?			Oyes	⊚ No	
15.	Landscaping:					
	A. Are there any prominent tr	ees or areas of veget	ation on the p	property?	Oyes	●No
	B. Type:					
	C. Size:					
	D. General Location:					
16.	Mechanical Units:					
	Number of Units:	5				
	Unit Location:	ALLEY/CANOPY				
	Type:	HEAT PUMPS				
	Height:	30" EACH				

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:	EXISTING F	RECEPTABLES IN EXIST. TRASH ROOM
D. Is the proposed location accessible for collection? (Contact Boise Public Works at 384-3901.)	O Yes	ONo
E. Is recycling proposed?	⊚ Yes	Ono
18.Irrigation Ditches/Canals:		
A. Are there any irrigation ditches or canals on or adjacent to property?	the	⊚ _{Yes} ○ _{No}
B. Location:		THROUGH BASEMENT
C. Size:		4' WIDE X 7' DEEP
19.Fencing:		
Proposed Existing to R	Remain	
Type:		
Height:		
Location:		
20.Loading Facilities (if proposed, for commercial uses only):		
Number: N/A		
Location: N/A		
Size: N/A		
Screening: NA/		
21.Drainage:		
Proposed method of on-site retention: ALL DRAI	INAGE EXIST	T; NO RETENTION PROPOSED
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	%?	Yes 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	se mark which area.)
■No OArea A OArea B OArea B1 OArea C		

Licensed Architect Information			
Zoning Ordinance Section 11-07-02 re	quires 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:
		ID	
E-mail:	Phone Number:	Cell:	Fax:
Professional License #:			
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:	- i	
Company:			
Address:	City:	State:	Zip:
		ID ~	
E-mail:	Phone Number:	Cell:	Fax:
Professional License #:			
Verification of Legal Lot or Parcel	Status		
Acceptance of this application does no	ot validate the legal status of any lot or parcel	Prior to submitting for a Build	ing Permit you must have a
Verification of Legal Parcel Status form	n signed by the Boise City Subdivision Depart	ment. It is the applicant's response	onsibility to provide deeds
and/or other documentation to the Su	bdivision Department. See Verification of Leg	al Lot or Parcel Worksheet for s	submittal requirements.
The descious d de desce photographe - the			
	ove provided information is true and accurate. Filure to provide true and accurate information		application, possible
	fully issued and subject the undersigned any		
Agent/Representative Signature:			
Date			