



PLANNING AND DEVELOPMENT SERVICES

BOISE CITY HALL: 150 N. CAPITOL BLVD | MAIL: PO BOX 500, BOISE ID 83701-0500
CITYOFBOISE.ORG/PDS | P: 208-608-7100 | F: 208-384-3753 | TTY/TTD: 800-377-3529

PDS	Document Number
	#528

Commercial Occupancy Evaluation Request Application*

**For New Tenant in Existing Space ONLY with NO Construction!*

Permit #: 95050266

Property Information

Address: 106 n 6th STREET City: boise State: id Zip: 83702
 Subdivision: B C O T Lot: 1-3 INCANWZ OF LOT Block: 5 Section: _____
 Primary Parcel #: OLD BOISE LLC Additional Parcels: _____

Applicant Information

First Name: GERI LYNN Last Name: MCELHENEY-GREEN
 Company: MOD SALON Phone: 2087034120
 Address: 106 N 6TH STREET SUIT A City: BOISE State: ID Zip: 83702
 E-mail: MODSALON2020@GMAIL.COM Cell: 2087034120

Agent/Representative Information

First Name: _____ Last Name: _____
 Company: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Cell: _____

Role Type: Architect Contractor Leasing Agent Tenant Other

Owner Information

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

First Name: Geri Lynn Last Name: McElheney Green
 Company: MOD SALON Phone: 2087034120
 Address: 106 n 6th street City: boise State: id Zip: 83702
 E-mail: MODSALON2020@gmail.com Cell: 2087034120

Structure Information

1. Is the property currently occupied? Yes No
2. What floor/story is the tenant space on: FIRST FLOOR
3. Total tenant space/square footage: 708
4. Is there a basement? Yes No
If yes, what is the square footage: 4063sqft
5. Type of construction: BRICK AND MORTER
6. Is there a fire sprinkler system? Yes No
7. Is there a fire alarm system? Yes No

Previous Tenant Information

1. Business Name: SATORI SALON
2. Type of Business: HAIR NAILS SKIN

New Tenant Information

1. Business Name: MOD SALON
2. Type of Business: HAIR SALON
3. Building or Shopping Center Name: OLD BOISE TENT BUILDING
4. Address: 106 N 6TH STREET Suite#: A
City: BOISE State: ID Zip: 83702
5. Type of Use:
 Office Space Retail Sales Office/Warehouse
 Factory Restaurant Other
6. Provide a description of the proposed use of tenant space:
HAIR SALON ONLY NO NAIL OR SKIN CARE

7. Will there be any 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

Submittal Checklist Required Documents

Yes N/A

- Two (2) copies of the **floor plan** on 11" X 17" paper (minimum size). Please note, existing/previous tenant floor plans may be available at the Records Center within Planning and Development Services. To request a copy of the floor plan, contact the Records Center at 208-608-7062.
- If tenant provides **food storage or a food-related service**, the plans must be stamped and signed by Central District Health.
- Food Establishments** must provide a copy of the final menu and notate the type of table ware being used (i.e. china, single use, glass, etc.).

Required Inspections

1. 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 Certificate of Occupancy** may be issued to allow occupancy while non-life safety issues are being corrected. A Temporary Certificate of Occupancy can be issued for a period of up to 90 days.
2. At a minimum, the following **inspections** are needed:
 - o Final Fire Inspection
 - o Final Structural/Building Inspection
3. Prior to the **Final Structural/Building Inspection** being conducted, additional inspections may be required if there are related trade permits.

Applicant Acknowledgement

I, the undersigned, have completed the above application and submittal noting all supporting documents for the project.

[Handwritten Signature]

June 1 - 2020

Name of Submitting Design Professional of Record (or applicant if design professional not required).

Date

*******For Staff Use Only*******

Accepted

Not Accepted _____ by _____

Date

Staff Member Conducting the Intake

Accepted

Not Accepted _____ by _____

Date

Staff Member Conducting the Intake