

Property Information

Address

Street Number:	Prefix:	Street Name:			
916	E	PARK BLVD			
Subdivision name:	Block:	Lot:	Section:	Township:	Range:
BROADWAY PARK SUB	0	0	14	3	2
Parcel Number:	Additional Parcel Numbers:				
R1088500187					

Primary Contact

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

Agent/Representative  Applicant  Owner

Applicant Information

First Name:	Last Name:		
GLENN	LEVIE		
Company:			
THE ELVIE GROUP			
Address:	City:	State:	Zip:
17711 KAREN DR	ENCINO	CA <input type="text" value="6"/>	91313
E-mail:	Phone Number:	Cell:	Fax:
GLENN@THELEVIEGROUP.COM	(818) 606-5096	(818) 606-5096	(877) 273-1080

Agent/Representative Information

First Name:	Last Name:		
GLENN	LEVIE		
Company:			
THE LEVIE GROUP			
Address:	City:	State:	Zip:
17711 KAREN DR	ENCINO	CA <input type="text" value="6"/>	91316
E-mail:	Phone Number:	Cell:	Fax:
GLENN@THELEVIEGROUP.COM	(818) 606-5096	(818) 606-5096	(877) 273-1080

Role Type:  Architect  Land Developer  Engineer  Contractor  Other

Owner Information

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

First Name:	Last Name:		
ED	BOWMAN		
Company:			
PETRA PROPERTIES			
Address:	City:	State:	Zip:
280 W COTTONWOOD CT	EAGLE	ID <input type="text" value="6"/>	83616
E-mail:	Phone Number:	Cell:	Fax:
ed.bowman@yahoo.com	(208) 921-8585		

Project Information

Is this a Modification application?  Yes  No File number being modified:

1. Neighborhood Association:

[View Neighborhood Associations PDF](#)

2. Comprehensive Planning Area:

[View Comprehensive Planning Area PDF](#)

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

4. Size of Property:

Acres  Square Feet

5. Water Issues:

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

gpm

B. Number of hydrants (show location on site plan):

Note: Any new hydrants/hydrant piping require United Water approval.

Number of Existing:  Number of Proposed:

C. Is the building "sprinklered"?  Yes  No

D. What volume of water is available? (Contact United Water of Idaho at 362-7330):  gpm

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

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

8. Adjacent property information:

Building types and/or uses	Zone
North: <input type="text" value="VACANT"/>	North: <input type="text" value="(C-3D) Service Commercial w/Design Review"/> <input type="button" value="6"/>
South: <input type="text" value="OFFICES &amp; APARTMEN"/>	South: <input type="text" value="(C-3D) Service Commercial w/Design Review"/> <input type="button" value="6"/>
East: <input type="text" value="OFFICES"/>	East: <input type="text" value="(C-3D) Service Commercial w/Design Review"/> <input type="button" value="6"/>
West: <input type="text" value="VACANT &amp; TOWNHOME"/>	West: <input type="text" value="(C-3D) Service Commercial w/Design Review"/> <input type="button" value="6"/>

9. Proposed Structures:

A. Number of Structures:  Use:

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

	Gross Square Feet
1st Floor	<input type="text" value="19522"/>
2nd Floor	<input type="text" value="18580"/>
3rd Floor	<input type="text" value="18142"/>
4th Floor	<input type="text" value="18142"/>

B. Maximum proposed structure height(s):

C. Number of stories:

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

E. Number of residential units (if applicable):

10. Existing Structures:

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

	Gross Square Feet
1st Floor	<input type="text" value="0"/>
2nd Floor	<input type="text"/>
3rd Floor	<input type="text"/>
4th Floor	<input type="text"/>

11. Building Exterior:

	Materials	Colors
Roof:	<input type="text" value="TPO MEMBRANE"/>	<input type="text" value="WHITE"/>
Walls:	<input type="text" value="METAL PANEL &amp; SMOOTH HARDIPANEL"/>	<input type="text" value="ZINC GRAY / HARDI COBBLE STONE"/>
Windows/Doors:	<input type="text" value="VINYL"/>	<input type="text" value="CLAY"/>
Fascia, Trim, etc:	<input type="text" value="METAL TRIM AND HANDRAILS"/>	<input type="text" value="ZINC GRAY"/>
Other:	<input type="text" value="HANDRAIL IN-FILL"/>	<input type="text" value="CLEAR LEXAN"/>

12. Setbacks:

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

	Building Required	Building Proposed	Parking Required	Parking Proposed
Front:	<input type="text" value="20' (PARK BLVD)"/>	<input type="text" value="15' BUILDING 20' PARKI"/>	<input type="text" value="108.8 RESIDENTIAL"/>	<input type="text" value="100"/>
Rear:	<input type="text" value="5'"/>	<input type="text"/>	<input type="text" value="13.3 GENERAL RETAIL"/>	<input type="text" value="14"/>
Side 1:	<input type="text" value="20' (FRONT BLVD)"/>	<input type="text" value="15' BUILDING 20' PARKI"/>	<input type="text"/>	<input type="text"/>
Side 2:	<input type="text" value="10'"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13.Site Design:

	Site Percentage Devoted to	Square Feet
Building Coverage:	26 %	19522
Landscaping:	43 %	16158
Paving:	52 %	39990
Other Uses:		
Describe Other Uses:		

14.Parking:

	Required	Proposed
Accessible Spaces:	5	6
Parking Spaces:	122	116
Bicycle Spaces:	12	32
Proposed compact spaces:		52

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

15.Landscaping:

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

B. Type:

C. Size:

D. General Location:

16.Mechanical Units:

Number of Units:

Unit Location:

Type:

Height:

Proposed Screening Method:

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:

C. Proposed screening method:

D. Is the proposed location accessible for collection?

(Contact Boise Public Works at 384-3901.)

Yes  No

E. Is recycling proposed?

Yes  No

18.Irrigation Ditches/Canals:

A. Are there any irrigation ditches or canals on or adjacent to the property?

Yes  No

B. Location:

C. Size:

19.Fencing:

Proposed

Existing to Remain

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 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 Floodplain and/or Hillside application and additional fee. You must submit the additional required application(s) for review at the same time as this request.

23.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

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.

Licensed Architect Information

Zoning Ordinance Section 11-07-02 requires a licensed architect for new buildings and additions over 200 sq. ft.

Is the project's Architect listed on the first page?  Yes  No (If yes, leave this section blank.)

First Name:  Last Name:

Company:

Address:  City:  State:  Zip:

E-mail:  Phone Number:  Cell:  Fax:

Professional License #:

Landscape Professional Information

Is the project's Landscape Professional listed on the first page?  Yes  No (If yes, leave this section blank.)

First Name:  Last Name:

Company:

Address:  City:  State:  Zip:

E-mail:  Phone Number:  Cell:  Fax:

Professional License #:

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:

Date: