

PLANNING AND DEVELOPMENT SERVICES

BOISE CITY HALL: 150 N. CAPITOL BLVD | **MAIL**: PO BOX 500, BOISE, ID 83701-0500 **CITYOFBOISE.ORG/PDS**| **P**: 208-608-7070 | **F**: 208-384-3753 | **TTY/TTD**: 800-377-3529

Record No.:	

For Office Use Only

426-Residential Pool

Address			
Street No.:	Direction: Street N	lame:	Street Type: Unit Type: Unit No.:
City:	State:	Zip Code:	Zoning District:
Parcel Number:	Additional	Parcel Numbers:	
Applicant Inform	mation Primary Co	ontact	
First Name:		Last Name:	Company:
Address:		City:	State: Zip Code:
Email:		Main Phone:	Cell Phone:
Representative	Information Prin	nary Contact 🗆 Same as A	Applicant?
First Name:		Last Name:	Company:
Address:		City:	State: Zip Code:
Email:		Main Phone:	Cell Phone:
Owner Informat	iOn Primary Contac	ct 🗆 Same as Applicant?	
First Name:		Last Name:	Company:
Address:		City:	State: Zip Code:
Email:		Main Phone:	Cell Phone:

that:
unicipality or district charged with the duty of issuing building any type of permit without first requesting presentment of an ermit may be issued to a person otherwise exempt from the usly contain the phrase 'no contractor registration provided' on
ervices requires a registration number be supplied with this this information, and cannot be processed until a registration es to be exempt per the exemptions listed in Idaho State 54-
I am not providing a Contractor Registration Number because I am exempt per Idaho State Code 54-5205: □
s (Historic District, WUI Zone, etc.), please visit the <u>City of Boise</u> ct our office.
City of Boise Fire Prevention Code WUI requirements.
Property In Design Review Zone: ☐ Yes ☐ No
Property In Floodplain: ☐ Yes ☐ No
Type of Residence: □ Single Family □ Duplex
Pool Type: □ Concrete □ Gunite □ Vinyl □ Fiberglass □ Other
Project Type: ☐ Above Ground Pool ☐ In Ground Pool ☐ In Ground Spa

Type of pool disinfection system:	Type of filter system:
Method of backwash wastewater disposal: ☐ Sanitary sewer system connection ☐ On–site residential septic system	Maximum Pool Width: - Ft. In.
☐ On–site infiltration bed or trench	
Maximum Pool Length: - Ft. In.	Maximum Pool Depth: - Ft. In.
Existing Pool Area: - Sq.Ft.	New Pool Area: - Sq.Ft.
Total Pool Area: - Sq.Ft.	
Erosion & Sediment Control	
Project will disturb 2 cubic yards of soil or more:	Approximate Acres Disturbed: - Acres
Responsible Person Name:	Responsible Person License Number:
Planning	
Design Review Number:	Historic Preservation Number:
Conditional Use Number:	Zoning Certificate Number:
Conditional discretification.	
Other Case Number:	
Certificate of Value	
Declared Value: - Declared Value is the total value of all construction work for which the permit is issued (including overhead and profit), as well as finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire extinguishing systems and other permanent equipment.	

The following items require approval by PDS Erosion and Sediment Control:

- Permit Variance Waiver Request
- Plan Waiver Request for Erosion and Sediment Control Plan requirement

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- 1. The undersigned is the owner of the indicated property or acting as the owner's authorized representative.
- 2. The undersigned declares that the above provided information is true and accurate, and 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 to any applicable penalties.

Print Authorized Representative or Owner's Name	Authorized Representative or Owner's Signature	Date