

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

603-604-Fire Sprinklers

□ 603 – Fire Sprinklers and Alternate Fire Extinguishing Systems □ 604 – Fire Spinkler Quick Permit

Address		
Street No.: Direction: Street Nan	ne: Street Ty	ype: Unit Type: Unit No.:
City: State:	Zip Code: Zoning I	District:
Parcel Number: Additional Pa	rcel Numbers:	
Applicant Information Primary Conto	act	
First Name: Las	t Name:	Company:
Address:	City:	State: Zip Code:
Email:	Main Phone:	Cell Phone:
Representative Information Primar	y Contact □ Same as Applican	t\$
First Name: Las	t Name:	Company:
Address:	City:	State: Zip Code:
Email:	Main Phone:	Cell Phone:
Owner Information Primary Contact	□ Same as Applicant?	
First Name: Las	t Name:	Company:
Address:	City:	State: Zip Code:
Email:	Main Phone:	Cell Phone:

Project Information	
Project Name (if applicable):	
Scope of Work:	
Project Details	
If this permit application is associated with an active permit but 00000), please use our <u>Search page</u> to look up active permits b	
The associated permit must be Issued before this permit application the other permit has not yet been issued, you can save this app	
Associated Records	
Is there an active permit associated with this Fire Sprinkler permit?: - Providing an associated permit number will link the two permits together for ease of tracking, fee payment, and project management. Yes No	Associated Permit Number: - If you do not know the Permit Number (in the form of BLD00-00000 or GRD00-00000), please Search for the number prior to submitting. Please enter only 1 (one). Additional numbers can be added into the Scope of Work.
General Information	
Jurisdiction:	Account Number:
□ Boise City □ North Ada County □ Garden City □ Sunset	
Type of Use: □ Commercial □ Daycare □ Education □ Hotel □ Industrial □ Medical Office/Hospital □ Motel □ Multiple Family Dwelling □ Office □ Public/Government □ Religious □ Single Family Dwelling □ Carport □ Garage □ Storage	Type of Work: □ Alteration □ New □ Repair □ Addition
Total Building Area: - Sq.Ft.	Number of Stories:
Total Number of Sprinkler Heads Added or Relocated under this Permit:	Building is Fully Sprinklered: □ Full □ No □ Partial
Location of Sprinklers:	
Project Includes an Overhead System:	
Project Includes an Underground System: □	Project includes High Pile Storage: ☐ Yes ☐ No

Building Stories					
uildina Stories					
rovide the square fo	otage and occupan	cy information for eac	ch story of each build	ding.	
Story	Basement	Existing Square Footage	New Square Footage	Total Square Footage	
	□ Yes □ No				
	□ Yes □ No				
	□ Yes □ No				
	□ Yes □ No				
	□ Yes □ No				
Building Occup	ancy				
st each occupancy	classification for the	building and indicate	which floors the occ	cupancy applies to.	
Occupancy Group	Occupant Load	Floor Load	Applicable Building Stories		
See the <u>Fire Sp</u>Fire Sprinkler H	cumentation control of the control o	al Checklist for Details Summary Sheet.	i.		
y signing below:		C			
. The undersigned rovide true and acc	declares that the about the information mo	ove provided informa	tion is true and accu this application, pos	authorized representative. rate, and acknowledges that failu ssible revocation of the permit whe	