

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

528-Commercial Occupancy Evaluation Request

Street No.: Direction: Street Name: City: State: Zip	Street Type:	Unit Type: Unit No.:
City: State: Zir		
	Code: Zoning Distric	t:
Parcel Number: Additional Parcel	Numbers:	
Applicant Information □ Primary Contact		
First Name: Last N	ame:	Company:
Address:	City: Sta	ate: Zip Code:
Email:	Main Phone:	Cell Phone:
Representative Information □ Primary Cont	act ☐ Same as Applicant?	
First Name: Last N	ame:	Company:
Address:	City: Sta	ate: Zip Code:
Email:	Main Phone:	Cell Phone:
Owner Information Primary Contact Sam	e as Applicant?	
First Name: Last N	ame:	Company:
Address:	City: Sta	ate: Zip Code:
Email:	Main Phone:	Cell Phone:

Project Information				
Project Name (if applicable):				
Scope of Work:				
Project Details				
Property Information				
Property in Historic District: ☐ Yes ☐ No	Property In Design Review Zone: ☐ Yes ☐ No			
Property In Hillside: ☐ Yes ☐ No	Property In Floodplain: ☐ Yes ☐ No			
Property In Wildland Urban Interface (WUI): ☐ Yes ☐ No				
Building and Fire Information				
Property Currently Occupied: ☐ Yes ☐ No	Will you be remodeling the space: - Note: Only minor/cosmetic work is allowed on this permit. □ No □ Yes (Minor Only)			
Describe any intended remodeling work:				
How many stories does the building have:				
What story is the tenant space located on:	Is there a basement: ☐ Yes ☐ No			
Square Footage of Basement: - Sq.Ft.	Total Tenant Square Footage: - Sq.Ft.			
Type of Construction: □ IA □ IB □ IFR □ IIA □ IIB □ IIIA □ IIIB □ IVHT □ VA □ VB □ IVA □ IVB □ IVC	Fire Alarm System Present: ☐ Yes ☐ No			
Does tenant space have fire sprinklers:	Previous Tenant's Business Name:			
□ Full □ No □ Partial				
Previous Tenant's Business/Use: ☐ Assembly ☐ Factory ☐ Office Space ☐ Office/Warehouse ☐ Restaurant ☐ Retail Sales ☐ Other				
Other Type of Business/Use Explanation for Previous Tenant:				
New Tenant's Business Name:	New Tenant's Business/Use: ☐ Assembly ☐ Factory ☐ Office Space ☐ Office/Warehouse ☐ Restaurant ☐ Retail Sales ☐ Other			

Other Type of Business/Use Explanation for New Tenant:
Building/Shopping Center Name:
Project Requires Operational Permit(s): ☐ Yes ☐ No
Explain Operational Permit(s):
Project includes High Pile Storage: ☐ Yes ☐ No
Describe what you are storing:
Additional Requirements
Required Submittal Documents
 Two (2) copies of the Floor Plan on 11" x 17" paper (minimum size) One (1) copy of the most recent City of Boise Planning and Development approved Floor Plan on 11" x 17" paper (minimum size) A Central District Health Department approval signature and stamp is required on submitted plans if tenant provides food storage of a food-related service.
Required Inspections
 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 Occupancy may be issued to allow occupancy while non-life safety issues are being corrected. A Temporary Occupancy is issued for a period of 90 days. The issuance of a temporary occupancy does not relieve the owner/tenant from meeting all the occupancy requirements. At a minimum, the following inspections are needed:
i. Fire-Fire Life Safety Inspection
 ii. Final Inspection If there are other related trades permits, inspections for these are also required. Additional Inspections for restaurants or other food-related services include the following: i. Central District Health Department ii. Equipment Check - Mechanical
iii. Equipment Check - Plumbing By signing below:
 The undersigned is the owner of the indicated property or acting as the owner's authorized representative. 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