

Nampa Building Safety Department
CONCEPTUAL PLAN REVIEW
MEETING APPLICATION



411 3rd Street S.

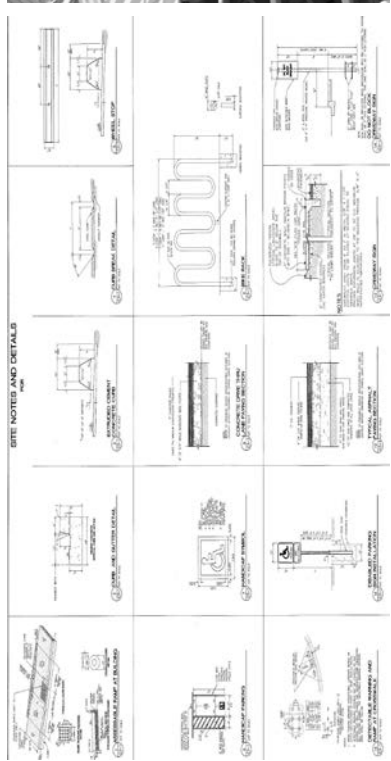
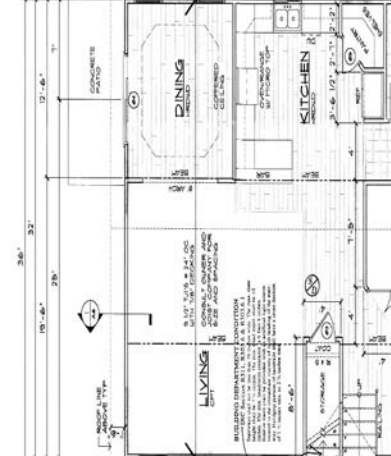
Nampa, Idaho 83651

208-468-5435

Fax#: 208-468-5439

www.cityofnampa.us

Patrick Sullivan C.B.O
Building Safety Director



NOTE: This form MUST be returned no later than the Tuesday prior your scheduled appt day to allow Staff time to prepare.

CITY OF NAMPA
CONCEPTUAL PLAN REVIEW MEETING REQUEST FORM
BUILDING SAFETY DEPARTMENT

411 3RD STREET SOUTH, NAMPA, ID 83651
PH - (208) 468-5418 OR 468-5435 , FAX - (208) 468-5439
PATRICK SULLIVAN, C.B.O., BUILDING SAFETY DIRECTOR
Website—www.cityofnampa.us

Schedule Meeting Date: _____

Scheduled Meeting Time: _____

Meeting Place: _____

T Y P E O F P R O J E C T

- | | |
|--|---|
| <input type="checkbox"/> New | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Tenant Improvement |
| <input type="checkbox"/> Own | |
| <input type="checkbox"/> Rent/Lease | |
| <input type="checkbox"/> Conversion of residential to Commercial | |

- | |
|---|
| <input type="checkbox"/> Non-Residential, describe: _____ |
| <input type="checkbox"/> Multi-Family, Number of units: _____ |
| <input type="checkbox"/> Residential _____ |
| <input type="checkbox"/> Other, please describe: _____ |

Project/Business Name: _____

Project Address: _____

Location Description: (sw corner of....) _____

P R O J E C T S P E C I F I C S

Current Zoning: _____ Proposed Zoning: _____ # of Stories of Building: _____

Total Existing S.F. : _____ Total Proposed S.F. _____ Basement: Yes No

Is the existing space/building fire-sprinklered? Yes No

Will the proposed space/bldg. be fire sprinklered? Yes No

Is this a new building? Yes No

If no, what is the current use of the structure/space? _____

Is this a conversion from a residence to commercial ? Yes No

DESCRIBE THE SCOPE OF WORK AND THE SPECIFIC USE OF THE BUILDINGS: (MUST BE FILLED OUT)

If an existing building, are there any other businesses in this building? If yes, Please list: _____

Do you anticipate any changes to the water/sewer services to the existing building. Yes No

Does the proposed use match those uses allowed in the assigned zone? Yes No

O w n e r

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Mobile: _____ E-Mail: _____

A p p l i c a n t / P r o j e c t C o n t a c t

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Mobile: _____ E-Mail: _____

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 WEBSITE—WWW.CITYOFNAMPA.US

A r c h i t e c t / D e s i g n e r

Name:

Address:

City

State

Zip

Phone:

Fax:

Mobile:

E-Mail:

T h o s e A t t e n d i n g M e e t i n g O t h e r T h a n T h o s e L i s t e d A b o v e

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

D e c l a r a t i o n

Let it be known that the undersigned proponents of the above mentioned project do understand that the “CONCEPTUAL PLAN REVIEW” session attended this date is intended to provide **general guidance** to the project applicants and/or their representatives. This session in **no way represents the approval, nor shall it be considered permission to proceed with any project** until said project has completed the plan review and permitting process required by Nampa City Code. All comments, observations and disclosures made at the “CONCEPTUAL PLAN REVIEW” are **subject to change** once the building permit application has been received and the official plan review of the proposed project has begun.

I hereby certify that I have read and understand the above declaration.

Owner/Owner’s Representative (Please Print): _____

Signature: _____ **Date** _____

Design Professional (Please Print): _____

Signature: _____ **Date** _____