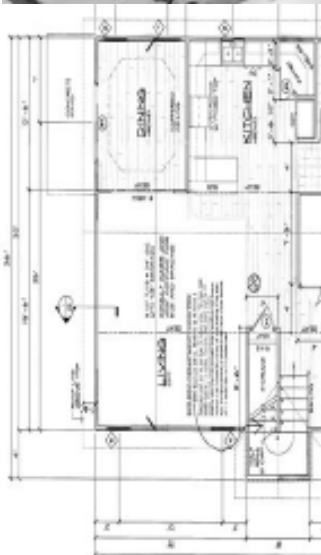




Nampa Building Safety Department  
CONCEPTUAL PLAN REVIEW  
MEETING APPLICATION



500 12th Ave S  
Nampa, Idaho 83651  
208-468-5435

Email: [buildingpermits@cityofnampa.us](mailto:buildingpermits@cityofnampa.us)

[www.cityofnampa.us](http://www.cityofnampa.us)

Patrick Sullivan, C.B.O.  
Building Safety Director



NOTE: This form MUST be returned by early Monday prior to your scheduled appt day to allow Staff time to prepare.

CONCEPTUAL PLAN REVIEW MEETING REQUEST FORM
BUILDING SAFETY DEPARTMENT

500 12TH AVE SOUTH, NAMPA, ID, 83651
Brian Newson-208-468-5492
Or Office Main Line- 208-468-5435
Patrick Sullivan, C.B.O. Building Safety Director
Website—www.cityofnampa.us

Schedule Meeting Date: Scheduled Meeting Time: Meeting Place:

TYPE OF PROJECT

- Project types: New, Remodel, Addition, Non-Residential, Multi-Family, Residential, Other.

Project/Business Name:

Project Address:

Location Description (sw corner of....)

PROJECT SPECIFICS

- Project details: Current Zone, Proposed Zoning, # of Stories, Total Existing S.F., Total Proposed S.F., Basement, fire safety questions, building type questions.

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

Blank lines for describing the scope of work and specific use of buildings.

- Additional questions: Do you anticipate any changes to the water/sewer services... Does the proposed use match those uses allowed in the assigned zone?

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

\*MINIMUM PLAN SUBMITTAL REQUIREMENT WITH APPLICATION - SITE PLAN & FLOOR PLAN

**CITY OF NAMPA**  
**CONCEPTUAL PLAN REVIEW MEETING REQUEST FORM**

**OWNER**

Name: \_\_\_\_\_ Contact Person Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: (    ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**APPICANT/PROJECT CONTACT**

Name: \_\_\_\_\_ Contact Person Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: (    ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**ARCHITECT/DESIGNER**

Name: \_\_\_\_\_ Contact Person Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: (    ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**THOSE ATTENDING MEETING OTHER THAN THOSE LISTED ABOVE**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

**DECLARATION**

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 pro-posed project has begun.

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

Owner/Owner Representative (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Design Professional (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_