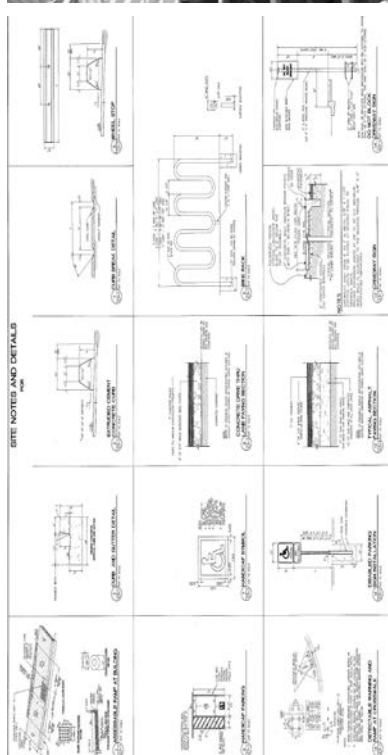
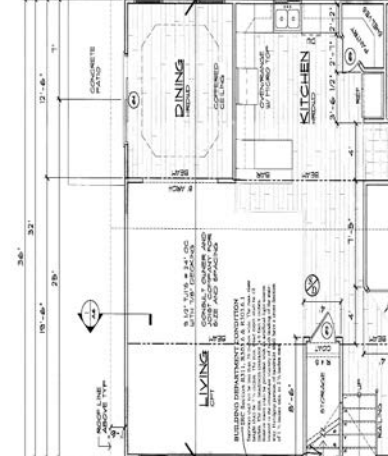


Nampa Building Safety Department  
CONCEPTUAL PLAN REVIEW  
MEETING APPLICATION



**NAMPA**  
I D A H O

411 3<sup>rd</sup> Street S.

Nampa, Idaho 83651

208-468-5435

Fax#: 208-468-5439

[www.cityofnampa.us](http://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 (208) 468-5435 , FAX - (208) 468-5439  
PATRICK SULLIVAN, C.B.O., BUILDING SAFETY DIRECTOR  
Website—[www.cityofnampa.us](http://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"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease <input type="checkbox"/> Conversion of residential to Commercial	<input type="checkbox"/> Demolition <input type="checkbox"/> Addition <input type="checkbox"/> Tenant Improvement	<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

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

**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:

**CITY OF NAMPA**  
**CONCEPTUAL PLAN REVIEW MEETING REQUEST FORM**  
 BUILDING SAFETY DEPARTMENT  
 411 3RD STREET SOUTH, NAMPA, ID 83651  
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 WEBSITE—[WWW.CITYOFNAMPA.US](http://WWW.CITYOFNAMPA.US)

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

<b>Name:</b>			
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**

<b>Name:</b>	<b>Title:</b>
<b>Name:</b>	<b>Title:</b>
<b>Name:</b>	<b>Title:</b>
<b>Name:</b>	<b>Title:</b>

**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 pro-posed 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** \_\_\_\_\_