



Non-Residential Building Permit for Temporary Structures Application

File Number: _____
Application Date: _____ Rec'd by: _____
FOR OFFICE USE ONLY

6015 Glenwood Street ■ Garden City, Idaho 83714 ■ Phone 208/472-2921 ■ Fax 208/472-2926
building@gardencityidaho.org Inspection Hotline 208/472-2920

PRINCIPLE CONTACT NAME: _____

E-mail: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____

Signature: _____ Date: _____

I am or have the owner's permission to submit this application. I agree to be responsible for all application materials, fees and application correspondence with the City. I have completed the application checklist noting all applicable pages and supporting documents for the project. I attest that all information is complete and accurate to the best of my knowledge.

***Note this person is the main contact. The applicant will be responsible for coordinating, reviewing, ensuring that all construction documents have been prepared by qualified design professionals, and submitting such materials. All application correspondence will be through this person.**

Property Owner Name: _____

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

Phone: _____ E-mail: _____

Business/Tenant Name: _____ Registered Agent: _____

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

Phone: _____ E-mail: _____

Website: _____

PROJECT INFORMATION:

Temporary Structure

Describe the Structure (Total Sq. Ft./Materials/etc.): _____

Date(s) the Temporary Structure is to be placed: FROM: _____ TO: _____

*Please make note of GCC 8-2C-38: 3. Except as otherwise defined in this section, one temporary use is allowed on a property for a specified period not exceeding two (2) weeks in any twelve (12) month period from the date of issuance of a temporary use permit..

Project Address (**Note Official Ada County Numbered Addresses are required:**)

Street #: _____ Unit: _____ Street Name: _____ Garden City, ID 837 _____

Parcel #: _____

Is project in flood plain? Yes/No

Nature of Work for this Permit and Business Activities: _____

APPLICATION CHECKLIST INFORMATION REQUIRED

Incomplete Applications will NOT be accepted

The applicant is responsible to submit the following information:

****Please initial or mark as N/A:**

- ___ An electronic copy of all plans and submittal documents in pdf or word format
- ___ Complete Non Residential Building Permit for Temporary Structures application
- ___ Affidavit of Legal Interest
 - If the property owner is acting as the applicant, this form shall still be required to be signed and notarized by the property owner or authorized agent
- ___ Submittal Fee: See Fee Schedule (plan review base fees will be paid at time of submittal)
 - Fire Review Fee required at submittal
 - Fire Review fees will be determined as per the North Ada County Fire & Rescue current fee schedule
Ph: (208) 375-0906 Fax: (208) 375-0966
- ___ Site plan showing setbacks
- ___ Description of anchoring for the structure
- ___ Approvals from North Ada County Fire and Rescue, Garden City Police Department and, if applicable, Central District Health Department

Please Note:

- Final approval of this permit shall be contingent upon satisfactory inspection observation including required witnessing of testing. It is the applicant's responsibility to call in required inspections/observations by 4:00 p.m. the working day prior to requested inspection (208) 472-2920