



DEVELOPMENT SERVICES DEPARTMENT

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DESIGN PROFESSIONAL CERTIFICATION VERIFYING THE PROJECT PLANS HAVE BEEN SUBMITTED IN COMPLIANCE WITH THE APPROVED DESIGN REVIEW PLANS AND/OR CONDITIONAL USE APPROVALS

Landscaping and Design

BUILDING PERMIT #

Date:

NOTE: Any changes to the Design Review or Conditional Use approved plans must be submitted for plan modification review and approval by the appropriate review body prior to the completion of this report and submission of a Building Permit Application.

Design Professional Name: _____ **License Number:** _____

Company: _____

Conditional Use No.: CUPFY2 _____ or permitted use in zone Yes , No

I have verified that the intended use has not changed since the approvals. Yes _____, No _____. Please list the intended Use(s): _____

Design Review No.: _____ **Project Name:** _____

Landscaping

1. Has there been any change to any of the approved species? Yes , No
2. Has there been any change to the number of approved species? Yes , No
3. If yes, please note in the comments box.

Sidewalk

1. I have verified that 5' sidewalks that are ADA compliant will be installed. Yes , No . Sidewalk was preexisting .
2. Are the sidewalks installed as detached by at least 6' or 8' with street trees in the landscape buffer? Yes , No . Sidewalk was preexisting . Another sidewalk configuration was approved .
Please explain

Floodplain

1. This project is in the [floodplain](#)? Yes ___, No ___ / In the Anticipated Floodplain? Yes ___, No ___

If in the floodplain:

2. Is an Elevation Certificate submitted? Yes ___, No ___
3. Amount of foundation venting required. _____
4. Amount of venting provided. _____
5. I have verified that there is no utility or livable space below 2' above BFE. Yes ___, No ___
6. If in the anticipated floodplain, is the [Anticipated Floodplain Engineer Report](#) submitted? Yes ___, No ___
7. [Flood Risk Acknowledge](#) form submitted? Yes ___, No ___

Comment _____

Parking Spaces

1. Number of parking spaces on the Design Review approved plan _____. Number of ADA parking spaces on the Design Review approved plan _____.

2. Number of parking spaces provided _____. Number of ADA parking spaces provided _____.

3. The ADA space painted, signed, contains an ADA compliant route, and the grade and width has been verified. Yes ___, No _____.
There are no non-residential uses in this project. Yes ___, No _____.

Comments: _____

Setbacks

1. I have verified the property lines. Yes ___, No _____.

2. I have verified the easement boundaries. Yes ___, No _____.

3. *I have verified the structural setbacks (including all portions of the structure) from the property lines are as noted below. Yes ___, No _____.

4. I have verified that no structure or portion there-of has been built in any easement. Yes ___, No _____.

5. I have verified that no structure or portion there-of is within 70' of the ordinary high-water mark. Yes ___, No _____.

6. I have verified that no structure or portion there-of is riverside of the greenbelt. Yes ___, No _____.

7. I have verified that no structure or portion there-of is in the floodway or in a wetland. Yes ___, No _____.

***For building permits please indicate below: Is this for Residential or Commercial?**

1. The front elevation is the _____ (north, east, south, west) elevation, the rear is the _____ elevation, the sides are the _____ and _____ elevations.
2. The smallest setback of all portions of the structure (including steps, eaves, etc.) is Front ___, Rear ___, Side ___, Side ___.
3. What are the structural setbacks (including all portions of the structure) from the property lines? Front ___, Rear ___, Side ___, Side ___

Comments _____

Building Elevations:

1. I have verified that there has been no change to the building elevations including site design, materials, size of windows/doors, aesthetics, glazing, fenestration, or location of windows and design features from the approved Design Review Committee Approvals Yes , No

Conditions of Approval

1. I have reviewed and verified that each condition of approval in the corresponding Design Review approval decision document has been met Yes , No

Other

General comments:

DESIGN PROFESSIONAL SIGNATURE

I, (print name), _____, the project's design professional, verify that the statements made are correct and true, and the changes that I have noted are all the changes for the above mentioned project and have been approved by the Design Review Committee and/or Planning & Zoning Commission, and that the referenced project is submitted as approved.

Date: _____

Stamp with Seal & Sign

Signature:
