



City of Twin Falls Building Department

324 Hansen Street East
P.O. Box 1907
Twin Falls, ID 83303-1907

Phone: 208-735-7238
Fax: 208-736-2256
www.tfid.org

Commercial Building Permit Application

Type of Permit Requested

Date Received: _____

- Commercial Site Plan-Buildable Lot
- New Complete Building
- Shell Building-No Interior walls (no occupancy)
- Shell Building-with interior walls (no occupancy)
- Tenant Improvement in Shell Building

- Land Use: _____
- Multi-Family (3 or more units)
 - Addition
 - Remodel
 - Other _____

Number of Units _____
 Sq. Ft. _____
 Total Cubic Feet _____ **
 (** Fire District Only**)

<u>PROJECT INFORMATION</u>	
Project Address: _____	Subdivision: _____
Business/Tenant using space: _____	Lot / Block: _____
Phone: _____	Parcel #: _____
<u>PROPERTY OWNER INFORMATION</u>	<u>CONTRACTOR INFORMATION</u>
Name: _____	Business Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
	State Registration # & Expiration Date: _____
<u>ARCHITECT INFORMATION</u>	<u>ENGINEER INFORMATION</u>
Business Name: _____	Business Name: _____
Contact Name: _____	Contact Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
<u>ADDITIONAL CONTACTS: Project Manager, etc</u>	
Business Name: _____	Business Name: _____
Contact Name: _____	Contact Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

Commercial/Non-Residential/Multi-Family Plan Review Checklist

Notice to all applicants: This checklist is designed to provide the basic information needed to allow the various agencies with the City to complete a plan review of the proposed project. The basic requirements outlined below may not be all inclusive.

**General Requirements for all NEW CONSTRUCTION plan submittals:
(THREE COMPLETE SETS OF CONSTRUCTION PLANS TO INCLUDE CIVIL PLANS CONTAINED WITHIN)
A minimum of (two) original wet-stamped sets are required.**

CONSTRUCTION PLANS (NEW construction and Additions)

***** (DESIGN PROFESSIONAL TO GO THROUGH LIST AND CHECK OFF THAT ALL REQUIREMENTS HAVE BEEN PROVIDED ON PLANS.)**

- Code Analysis** – Required information is detailed on the code Analysis form within the application.
- ComCheck Energy Analysis** – Prepared by an Idaho licensed architect or engineer. (Required on remodel when changing fixtures)(Include envelope, interior and exterior lighting compliance worksheets)
 - Architectural Site Plan** (This is *REQUIRED* in addition to the civil site plan) To include:
 - Scale to be a minimum of 1/8" per foot for large projects and ¼" per foot for smaller ones.
 - Sheet sizes shall not be less than 24" x 36" and not more than 30" x 42".
 - Location of new and existing structures with fully dimensioned measurements to property lines & other structures;
 - Parking lot design – Including fully dimensioned space and aisle layout and detailed handicapped parking spaces.
 - Accessible route of travel from parking spaces to the building entrance and connecting to the public right-of-way.
 - Foundation Plan** – (stamped by the Design Professional performing the structural calculations)
Include all required structural steel reinforcing, tie downs and special inspection criteria.
- Floor Plan** – Including all exit schemes, exterior wall openings, door swings, use designations, exit signage, location of fire extinguishers, high pile storage areas. For tenant improvements or remodels, include floor plan of the entire building. Indicate the existing occupancies of tenant spaces in contact with new tenant improvement or remodel.
- Elevations** – North, South, East, West (show building height dimensions)
- Building Sections and Details** – Including the room finishes for ceilings, walls and floors. Also, include schedules for all windows and doors, indicating the type, size, safety glazing, and door hardware. UL Listings and details for fire separations. Provide fire stop material specifications along with U.L. design details. Include sections of all walls showing height and how to be built. Also show any dropped down ceilings or storage above ceilings and framing details.
- Structural Plans (stamped by the Design Professional performing the structural calculations)** – Roof framing plan, floor framing plan, header and beam schedules, strap locations, structural details, shear walls, shear wall schedule, lintels, lintel schedule and all other structural information as indicated in the calculations or required by the Building Official. Any special details (i.e., storage above restrooms) Provide **statement of special inspections** per IBC 1704.1.1. A final report documenting required special inspections and correction of any discrepancies noted in the inspections shall be submitted at a point in time agreed upon by the permit applicant and the building official prior to the start of work.
- Conservation Elements** – Insulation R-values, glazing U-Factors, glazing solar heat gain coefficient (SHGC) value, rough opening sizes.
- Electrical Plans** – Exit signage, switching diagrams, lighting schedule with fixture, bulb and ballast type, number of bulbs per fixture, and fixture wattage; exterior lighting bulb and ballast type, and type of control. Location of exit signage and emergency lighting shall coordinate with the floor plan or the reflected ceiling plan. (**list and give details of any classified areas**)
- Mechanical Plans** – Equipment schedule listing the make and model of the equipment and other information pertinent to compliance with IECC; duct insulation R-values, mechanical system control schematic load calculations. Information regarding all fire rated penetrations, smoke dampers, fire dampers, etc. Ventilation design & calculations. Mechanical engineering plans may be required on certain projects. (Provide calculations on plans if using natural instead of mechanical ventilation)
- Plumbing Plans** – Plumbing plan, isometrics, grease/sand interceptor details, and calculations to determine actual interceptor sizing according to the requirements in the Uniform Plumbing Code. Be sure to include the sewer connection location, type and location of reduced pressure backflow devices(s), gas line piping materials and calculations, water line piping layout and materials, and drain/waste/vent piping layout and materials.
- MSDS Sheets** – (2) Two copies of the Material Safety Data Sheets – the location and quantities of storage of such materials shall be provided with the building permit submittal where any chemicals or hazardous materials may be present.
- Structural Engineering Calculations** – (2) two sets of Structural engineering calculations are required for all new construction, additions or structural improvement/remodels/retrofits within existing buildings. Calculations must be stamped and signed by an Idaho Registered Engineer or Architect. (Exception: parameters of section 2308 of the IBC 2012, and design will be required)
- Metal Building Drawings and Calculations** – Metal Building Drawings and structural engineering calculations will be required for all pre-fabricated metal buildings, including concrete footing details. Calculations must be stamped and signed by an Idaho Registered Engineer or Architect.

- Modular Buildings** – Structural engineering calculations will be required for the foundation design for all modular buildings. Calculations must be stamped and signed by an Idaho Registered Engineer or Architect. (Modular buildings are required to have Idaho Division of Safety approval.)
- Additional Handicap Accessibility Information** – Define all handicapped access features for new construction per the current International Building Code, ANSI A 117.1. For remodeling and tenant improvements, the area of improvement shall comply with the access requirement for new construction. An accessible route of travel will be required to the remodeled/improved area.
- Fire Department Requirements** – Location and type of fire extinguishers, fire alarms, hoods, sprinkler system, etc.
- Mechanical** – HVAC Ventilation design IBC 1203.4 (New as of 1-1-09)
- Provide statement of special inspections per IBC 1705.
- Completed Waste Water Survey (see <http://www.tfid.org/departments/p-z/building/133-building-information>)

CIVIL PLANS (NEW CONSTRUCTION) (Civil plans may be required for ADDITIONS)

- **Civil Site Plan (Licensed Engineer or Architect required)** – To include:
 - Scale and format to be standard scale at between 1:10 to 1:60 scale;
 - Sheet sizes shall not be less than 18"by 24".
 - Legal description and/or record of survey for the property and a vicinity map and north arrow;
 - Property lines and lot dimensions and building setbacks from property lines
 - Right-of-way details including access, easements, utilities, drainage, wastewater, right of way to be dedicated;
 - Right-of-way improvements, both existing and proposed;
 - Fire department access (access must be 20 feet wide with a 70,000 pound load capacity and reach within 150 feet of any/or all portions of the exterior walls of the building(s);
 - Fire hydrants within 1000 feet & fire line location must be shown on the site plan; a water model may be required to determine fire flow.
 - Any areas used for the storage or use of materials regulated by the IFC;
 - Storm Drainage – On site retention structure design and calculations by a P.E.;
 - Grading plan including finished floor elevations, accessible route and top of curb elevations.
 - Utility services – Number of water services including size and location; sewer location and proposed connection to the main; irrigation service size and location, grease interceptor (including a detailed design) for all food service occupancies;
 - Landscaping – Including all types and locations of landscape areas with topography showing berms, tree, fencing, retaining walls, waterways, trash enclosure/mechanical equipment areas with method of screening, loading docks, storage areas, pedestrian ways, exterior lighting fixtures, irrigation methods and proposed building pad; storm water retention (City Code 10-11-2)
 - Location of new and existing structures and distance between them.
 - Parking lot layout, including fully dimensioned space & aisle layout, detailed handicapped parking spaces & accessible route
 - Storm Drainage Calculations** – To be stamped by an Idaho Registered Civil Engineer or Landscape Architect.
 - Geotechnical report** – when building within 100' of canyon rim.
 - Water tap size needed (or well permit, if applicable)
 - Sewer lateral location
 - Proposed and existing curb, gutter, sidewalk, and driveway approaches.
 - Flood Plain indicated if within 100 year or less flood zone.

HEALTH DISTRICT APPROVAL IS REQUIRED FOR ALL BUILDINGS WHERE FOOD IS BEING PREPARED. A LETTER OF APPROVAL MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO PERMIT ISSUANCE.

*I (the designer in responsible charge) (Architect or Engineer) hereby certify that I have read and examined the above application and checklist, and that all of the information provided and items **checked** are included as part of the initial permit application submittal and are true to the best of my knowledge.*

Signature _____

Date _____

SAMPLE
(may not be all inclusive)

City of Twin Falls
Plan Analysis Based on Latest Edition of IBC & IFC

Architect or Engineer of Record: _____

Job Address: _____ City: _____ St: _____ Zip: _____

Legal Description: _____

Occupancy Classification: _____ Occupant Load Per Area: 1: _____ 2: _____
3: _____ 4: _____

Number of Stories: _____ Vestibule Req'd?: Yes: _____ No: _____ Total: _____

Floor Area: Basement: _____ 1st: _____ Exits Required: Basement: _____ 1st: _____
2nd: _____ 3rd: _____ 4th: _____ 2nd: _____ 3rd: _____ 4th: _____ stories

Actually furthest travel distance to exit: _____ (IBC Table 1016.1 & Table 1021.2)

Type of Construction: _____ Allowable Area Calcs: _____

Area Increase: _____

Sprinkler System: Yes: _____ No: _____ Exit Signs: Yes: _____ No: _____

Maximum Floor Area Allowed: _____ Emergency Lights: Yes: _____ No: _____

Special Inspections Required? Yes: _____ No: _____ Lighting Layout & ComCheck: Yes: _____ No: _____

Firewalls Required? Yes: _____ No: _____ (If Yes, please provide cross section & UL Listing)

Occupancy Separation Required? Yes: _____ No: _____ (If Yes, please provide cross section & UL Listing)

Area Separation Required? Yes: _____ No: _____ (If Yes, please provide cross section & UL Listing)

Classified Areas? Yes: _____ No: _____ (If Yes, please show on plans and explain classification)

FIRE HYDRANTS WITHIN 1000 FT. **Comments:** _____

1. _____ ft. GPM Flow: _____

2. _____ ft. GPM Flow: _____

3. _____ ft. GPM Flow: _____

Total: _____

Minimum Req'd Flow for Building: _____

Model Required?: Yes: _____ No: _____

Date: _____ Prepared By: _____ ***Fee may be accessed for water model***



CH2M HILL
P.O. Box 5158
Twin Falls, ID 83303-5158
Tel 208.734.9933
Fax 208.734.9937

Dear Wastewater Customer:

The City of Twin Falls is required by the Environmental Protection Agency (EPA) to conduct a Wastewater Survey of the users within our service area. The reason for this survey is to determine if any wastewater discharged would be detrimental to the wastewater collection and treatment system or the treatment process.

For purposes of notification, all industrial users (i.e., non-domestic users) are required to notify the Wastewater Treatment Facility of hazardous wastes in accordance with 40 CFR 403.12 (p). (See back of letter)

We are asking that you please fill out the attached questionnaire as accurately and thoroughly as possible, and return it to us in the envelope provided within the month. Please make sure the name of the company, address and a contact person is included on the form.

In the next few weeks after the survey has been submitted, you may be contacted by telephone or in person by a representative from CH2M HILL to answer any questions you may have and to gather any additional information we may need for this survey.

If you have any questions, please contact Rebekka Bicart at 734-9933, or email "rbicart@ch2m.com".

Thank you for your cooperation.

Sincerely,

Rebekka Bicart
Industrial Pretreatment Coordinator
CH2M HILL

40 CFR 403.12 p)(1) The Industrial User shall notify the POTW, the EPA Regional Waste Management Division Director, and State hazardous waste authorities in writing of any discharge into the POTW of a substance, which, if otherwise disposed of, would be a hazardous waste under 40 CFR part 261. Such notification must include the name of the hazardous waste as set forth in 40 CFR part 261, the EPA hazardous waste number, and the type of discharge (continuous, batch, or other). If the Industrial User discharges more than 100 kilograms of such waste per calendar month to the POTW, the notification shall also contain the following information to the extent such information is known and readily available to the Industrial User: An identification of the hazardous constituents contained in the wastes, an estimation of the mass and concentration of such constituents in the wastestream discharged during that calendar month, and an estimation of the mass of constituents in the wastestream expected to be discharged during the following twelve months. All notifications must take place within 180 days of the effective date of this rule. Industrial users who commence discharging after the effective date of this rule shall provide the notification no later than 180 days after the discharge of the listed or characteristic hazardous waste. Any notification under this paragraph need be submitted only once for each hazardous waste discharged. However, notifications of changed discharges must be submitted under 40 CFR 403.12 (j). The notification requirement in this section does not apply to pollutants already reported under the self-monitoring requirements of 40 CFR 403.12 (b), (d), and (e). (2) Dischargers are exempt from the requirements of paragraph (p)(1) of this section during a calendar month in which they discharge no more than fifteen kilograms of hazardous wastes, unless the wastes are acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e). Discharge of more than fifteen kilograms of non-acute hazardous wastes in a calendar month, or of any quantity of acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e), requires a one-time notification. Subsequent months during which the Industrial User discharges more than such quantities of any hazardous waste do not require additional notification. (3) In the case of any new regulations under section 3001 of RCRA identifying additional characteristics of hazardous waste or listing any additional substance as a hazardous waste, the Industrial User must notify the POTW, the EPA Regional Waste Management Waste Division Director, and State hazardous waste authorities of the discharge of such substance within 90 days of the effective date of such regulations. (4) In the case of any notification made under paragraph (p) of this section, the Industrial User shall certify that it has a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree it has determined to be economically practical.

For links to 40 CFR regulations go to www.gpoaccess.gov and click on Code of Federal Regulations.

Wastewater Survey

City of Twin Falls

1. Company Name: _____
 Mailing Address _____
 Telephone: _____ Fax: _____
 Email: _____

2. Facility Address: _____
If same as above Check
 Telephone: _____
If same as above Check

3. Contact Person: _____ Title: _____
 Telephone: _____ Fax: _____
 Email: _____

4. Type of Business *Please Check all that apply to activities at your place of business.*

Retail – describe type (to the right), _____
 Small Office – describe type (to the right) _____

If you Checked either Retail or Small Office for your business type and none of the descriptions below apply to your business, please answer Questions 5 & 6, and skip all other questions. Please be sure to sign and date this form prior to returning it.

- | | |
|--|--|
| <input type="checkbox"/> Motels/Hotels/Clubs
<i>Concern is efficiency of kitchen grease traps, frequency of clean out, disposal of grease.</i> | <input type="checkbox"/> Schools/Colleges/Universities
<i>Concern is efficiency of kitchen grease traps, frequency of clean out, disposal of grease.</i> |
| <input type="checkbox"/> Laboratory – Pharmacies
<i>Concern is hazardous materials, disposal of chemicals, and potential for spills.</i> | <input type="checkbox"/> Laboratory – Commercial & Schools/Colleges/Universities
<i>Concern is hazardous materials, disposal of chemicals, and potential for spills.</i> |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Dental Clinics |
| <input type="checkbox"/> Doctor’s Clinics | <input type="checkbox"/> Photo Shops
<i>Concern is with silver recovery.</i> |
| <input type="checkbox"/> Restaurants
<i>Concern is efficiency of kitchen grease traps, frequency of clean out, disposal of grease</i> | <input type="checkbox"/> Barrel Reclaimers |
| <input type="checkbox"/> Print & Photo Copy | <input type="checkbox"/> Arts & Crafts Shops
<i>Concern is with paints & glazes (ceramic & other).</i> |
| <input type="checkbox"/> Garages/Full Service Gas Stations
<i>Concern is flushing of antifreeze contaminated with metals.</i> | <input type="checkbox"/> Radiator Shops |
| <input type="checkbox"/> Paint & Body Shops | <input type="checkbox"/> Transportation Facilities
<i>Concern is improper disposal of waste oils and inefficient grit traps.</i> |
| <input type="checkbox"/> Industrial / Commercial Laundries | <input type="checkbox"/> Waste Haulers |
| <input type="checkbox"/> Other – Describe principal activities or the nature of processes at the facility, in the space provided below.

_____ | |

7. Standard Industrial Classification Code Number(s) and Classification(s) (if known):

8. Average total monthly water usage in gallons (monthly water billings will usually show this).

Y N

9. Is the building presently hooked to the sewer system?

Y N

10. Are there floor drains present at your facility?

Y N

11. Do you or will you use non-petroleum fats, oils or greases (cooking types of oil/grease) in your business?

Y N

12. Do you or will you use petroleum oils or greases in your business?

13. Grease trap present? Y N

14. Describe any pretreatment facilities or practices used to remove pollutants or protect the sewer.

15. Do you or will you store or use chemicals on site in excess of household quantities?

Y N

16. Do you or will you discharge wastewater (other than domestic wastes from toilets, showers, etc.) to the sewer system?

Y N

17. Do you or will you have an Accidental Spill Prevention Plan (ASPP) for your business?

Y N

I certify that the information in this questionnaire is to the best of my knowledge true and complete. [This statement must be signed by an official authorized to sign for the company.]

Signature: _____

Date: _____

Print Name: _____

OFFICE USE ONLY

Additional information required?

Need to schedule site visit or other follow-up?

Y N

Need to send an Industrial User permit application?

Y N

The US Environmental Protection Agency requires that Renovation, repair and painting projects that disturb lead-based paint in pre-1978 homes, childcare facilities and schools must be performed by an EPA Certified Renovator working for an EPA Certified Firm and specific work practices must be implemented to prevent lead contamination. More information is available at 1800-424-LEAD [5323] or <http://www2.epa.gov/lead>

Laurie Fay

US Environmental Protection Agency Region 10
1200 Sixth Avenue
Suite 900, MS AWT-128
Seattle, WA 98101
Phone: 206-553-1541
Fax: 206-553-8509
Email: fay.laurie@epa.gov

You may also find information about Asbestos at <http://www2.epa.gov/asbestos> or the State of Idaho has information on their website at <http://deq.idaho.gov/air-quality/air-pollutants/air-toxics/asbestos.aspx>

Please note that EPA R10 in Seattle handles asbestos in schools (AHERA regulation). R10 Seattle no longer handles asbestos NESHAP issues – these are referred to John Pavitt, EPA R10 Anchorage, AK office – his contact information is phone (907-271-3688) and/or email (pavitt.john@epa.gov).

SEWER CAPACITY FEE WORKSHEET

Business Name: _____ Address: _____

1. Please indicate the number of new and existing plumbing fixtures in the appropriate boxes below.
2. Also, the number of holidays being closed, the number of days the business is open in a week, and how many hours open during the day.
3. If no plumbing fixtures are being installed, signify at the bottom of the form and sign.
4. Sign and date.

<u>VALUES</u>	<u>Number</u>
New DFU / Unit	
Lavatories	
Water Closets	
Urinal	
Water Softener	
Hand Sink	
Dishwasher	
Bar Sink	
Clothes Washer	
Kitchen Sink	
Shower	
Drinking Fountain	
Mop/Svce-Sk/Tr Dr	
Hose Bibb	
Laundry Sink	
Floor Drain/Sinks	
Swimming pool	
Hot tub/whirl pool	
Other	

<u>VALUES</u>	<u>Number</u>
Existing DFU / Unit	
Lavatories	
Water Closets	
Urinal	
Water Softener	
Hand Sink	
Dishwasher	
Bar Sink	
Clothes Washer	
Kitchen Sink	
Shower	
Drinking Fountain	
Mop/Svce Sk/Tr Dr	
Hose Bibb	
Laundry Sink	
Floor Drain/Sinks	
Swimming pool	
Hot tub	
Other	

Holidays	
Days / Wk	
Hrs / Day	

*No plumbing fixtures are being installed. Initial _____

Signature below indicates all information provided for on this form is accurate.

Name _____ Date _____