



COMMUNITY DEVELOPMENT DEPARTMENT

Building Safety Division

Caldwell City Hall: 205 S 6th Avenue | Mail: PO Box 1179 Caldwell, ID 83606 | Phone: 208-455-3024
<https://www.cityofcaldwell.org/Departments/Community-Development/Building-Safety-Division>

Robin Collins, CBO | Community Development Director & Building Official

OCCUPANCY PERMIT APPLICATION

Every building and tenant space is required to have a Certificate of Occupancy prior to occupying a building and/or tenant space. This application shall be used when no construction, improvements or remodeling is being done to the building or tenant space, but when a new tenant will be occupying the building or space.

A Certificate of Occupancy application is required any time there is:

- A change of tenant or owner, even if there is no change in occupancy and/or specific use of the building, building areas, or tenant spaces.
- A change of tenant or owner, even if there is no construction, improvements, or remodeling being proposed.

Additional Requirements:

Every person doing business within the City of Caldwell must obtain a Business License Permit. The submission and approval of the Business License Permit application and the Certificate of Occupancy are done concurrently, and one may not be issued without the other.

NOTE:

1. Building and/or fire permits may be required after a review of the use and inspection of the premises.
2. Conditions may be placed on the approval of a new certificate of occupancy that may include requirements for life safety elements and systems, accessibility, and egress components.

Notice To All Applicants:

- Additional applications are required for any electrical, mechanical, and plumbing work - these additional permits have their own fee schedules.
- Additional applications are required for a Business License Permit.
- Additional applications are required for signage.

GENERAL PERMIT INFORMATION

Project Address <i>(including Bldg. and Suite #s):</i>	<input type="text"/>
Name of Business:	<input type="text"/>
Previous Business Name at this Location:	<input type="text"/>
Full Description of Business Scope:	<input type="text"/>
Have you submitted for your Business License Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, business licenses will be required to be submitted and approved prior to issuance of the Certificate of Occupancy.

PROJECT SPECIFICS

Previous Occupancy Group:	<input type="text"/>	Proposed Primary Occupancy Group:	<input type="text"/>
Proposed Additional Occupancy Group(s)	<input type="text"/>		
Building Square Footage:	<input type="text"/>	Tenant Space Square Footage:	<input type="text"/>
Number of Stories:	<input type="text"/>	Height of Buildings:	<input type="text"/>
Fire Sprinklers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Alarmed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be any alterations and/or remodeling done to existing space?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a residence being converted to commercial?			<input type="checkbox"/> Yes <input type="checkbox"/> No

IF YOU ANSWERED YES TO EITHER OF THE ABOVE QUESTIONS, STOP AND FILL OUT THE COMMERCIAL PERMIT FOR A TENANT IMPROVEMENT.

General Questions

<p>Does the proposed occupancy involve the use/storage of chemicals or hazardous materials?</p> <p><i>If yes, please provide a list of all chemicals or hazardous materials, amounts, where they are being stored, and a copy of all Material Safety Data Sheets (MSDS).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Will there be any high pile combustible storage?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does the proposed use involve welding?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you planning to install a paint/spray booth within or outside the building?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If the use is a cabinet shop, is there an existing dust collection system?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Will there be any electrical, plumbing and/or mechanical work being done? <i>If yes, separate permits are required for each trade.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Will new signs be installed? <i>If yes, separate permits are required for the signs.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Restaurants

<p>Is the seating layout being changed?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Will there be more seating than the prior use?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Will you be serving beer, wine or liquor? <i>If yes, you must obtain separate licensing and approval.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Will there be kitchen equipment added?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is a Type I or Type II hood being added?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does the building have an existing grease trap or underground grease interceptor: <input type="checkbox"/> Yes, grease trap <input type="checkbox"/> Yes, underground grease interceptor <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>Do you plan on installing one of the following: <input type="checkbox"/> Grease trap <input type="checkbox"/> Underground Grease Interceptor <input type="checkbox"/> N/A</p>	

Salons

<p>Will services include doing nails?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If services include nails, does the facility contain a source capture system capable of exhausting not less than 50 cfm per station and meet compliance with all other ventilation requirements within the International Mechanical Code?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>How many sinks does the salon currently have?</p>	<input type="text"/>
<p>Will you be adding additional sinks?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you are adding sinks, how many sinks will be added?</p>	<input type="text"/>

APPLICANT INFORMATION

First and Last Name:

Associated Company Name:

Street Address:

City, State, Zip:

Contact Email:

Phone:

PROPERTY OWNER INFORMATION

First and Last Name:

Associated Company Name:

Street Address:

City, State, Zip:

Contact Email:

Phone:

TENANT INFORMATION

First and Last Name:

Associated Company Name:

Street Address:

City, State, Zip:

Contact Email:

Phone:

SUBMITTAL CHECKLIST

REQUIRED SUBMITTAL DOCUMENTS

- Completed and signed application and checklist.
- Floor plan indicating the subject exterior wall openings, exist doors, door swings, exit signage, and each space labeled with the use.
- Site Plan showing the location of the building, and all on-site parking stalls.
- Vicinity Map showing location of the property in relation to other properties and the surrounding streets
- MSDS sheets for proposed occupancies that have chemicals and hazardous materials stored.

PLANNING & ZONING APPROVAL

- Verify the proposed use is compatible with the zoning of the property.
- Ensure no other land use entitlements are necessary from the Planning & Zoning Department.
- Verify if any on-site improvements will be required by Planning & Zoning.
- Verify on-site parking is adequate for the proposed use.

REQUIRED INSPECTIONS

- Fire & Life Safety Inspection – Fire Department
- Occupancy/Building Inspection – Building Department

Applicant Acknowledgement

By signing below, I acknowledge that the information provided on this application is true and correct to the best of my knowledge.

- I acknowledge that the information provided on this application is true and correct to the best of my knowledge; and
- I acknowledge that this permit becomes void if the permit is not pulled within 180 days of approval of such permit.
- I acknowledge that the granting of a permit does not presume giving authority to violate or cancel the provisions of any local or state codes, laws or adopted policies.

Applicant Printed Name:

Signature of Applicant:

Date of Signature: