Ada County Highway District T.I. Submittal Form

Name of Project: ____________________________________________________________

Address of Project (include suite number if applicable):
__________________________________________________________

T.I. Number (assigned by ACHD) _____________________________________________

Checklist for Submittal:

○ Architectural Plan – Please make sure to include cover sheet and floor plan.
  ✓ Proposed square footage __________
  ✓ Existing square footage __________

○ Prior Use (if applicable) - __________________________________________________

○ Proposed use - __________________________________________________________

○ Other/Misc. information - __________________________________________________
  __________________________________________________
  __________________________________________________

Submitters Name (Please Print): ____________________________________________
Telephone Number: ___________ Email address: _____________________________
Mailing Address: __________________________________________________________

Engineer / Architect:: ______________________________________________________
Telephone Number: ___________ Email Address: _____________________________
Mailing Address: __________________________________________________________

Owner:: __________________________________________________________________
Telephone Number: ___________ Email Address: _____________________________
Mailing Address: __________________________________________________________

All applicable items and information requested above must be complete and submitted with this application. Incomplete submittals that do not contain the minimum information above will not be reviewed by ACHD until all items are received. Timely completion and submittal completeness may affect the promptness of the review.

Submitter Signature: ___________________________ Date: ________________