



## Ada County Highway District T.I. Submittal Form/Application

Name of Project: \_\_\_\_\_

Address of Project: \_\_\_\_\_

Intended/Proposed Use: \_\_\_\_\_

Prior Use: \_\_\_\_\_ *ACHD X-ref* \_\_\_\_\_

Square feet of intended use: \_\_\_\_\_

Submittal: Plan sheets  # \_\_\_\_\_ Electronic  \_\_\_\_\_

**T.I. Number (assigned by ACHD)** \_\_\_\_\_

Submitters Name (Please Print): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Engineer / Architect: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

*All items must be complete and submitted with this application to ACHD for plan review. Incomplete projects that do not contain the minimum requirements above will not be accepted by ACHD. Timely completion and submittal completeness will affect your building permit issue timelines.*

Submitter Signature: \_\_\_\_\_ Date: \_\_\_\_\_