City of Aurora
PLANNING DEPARTMENT
303-739-7347

Date 3/17/09

SIGN PERMIT

ADDRESS OF JOB	1501 S. Potomac St.	DATE	3/16/09
LEGAL DESCRIPTON	LOT 1	BLOCK	SUBDIVISION Medical Center Sub

OWNER
NAME: Columbia HealthOne LLC — PHONE:
ADDRESS: PO Box 1504 (Street) Nashville (City) TN (State) 37202 (Zip)

CONTRACTOR
NAME: DaVinci Sign Systems Inc — PHONE: 970·203·9292
ADDRESS: 4496 Bents Dr. (Street) Windsor (City) CO (State) 80550 (Zip)
Supervisor for this Job: Jeff Everhart — License No.:

TYPE OF SIGN		FEATURES OF PROPOSED SIGN	YES	NO
GROUND SIGN	X	WILL BE ILLUMINATED	☐	X
WALL SIGN	☐	If yes, is light source concealed	☐	☐
WINDOW SIGN	☐	(SEPARATE ELECTRICAL PERMIT REQUIRED FOR ILLUMINATED SIGNS)		
OFF-SITE SIGN	☐	NUMBER OF FACES ON SIGN: 2		
DIRECTIONAL SIGN	☐	TOTAL AREA OF SIGN, ALL SIDES: 28 SQ. FT.		
OTHER	☐	HEIGHT OF SIGN FROM GRADE: 6 FT.		

EXISTING SIGNS

NUMBER OF EXISTING SIGNS: _____

TOTAL SQUARE FOOTAGE OF EXISTING SIGNS: _____

BUILDING FRONTAGE: 231 FT.

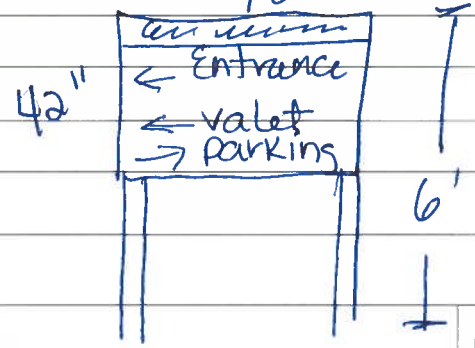
TEMPORARY SIGN PERMIT EXPIRES ONE YEAR FROM DATE OF APPROVAL — Expires _____

THIS PERMIT AUTHORIZES THE WORK DESCRIBED WHEN SIGNED BY CITY OFFICIALS AND VALIDATED

REMARKS: Sign A8 on site plan to be moved –

Directional style sign

D | F



USE ZONE: PD/HOSP

AGENCY	AUTHORIZED BY	DATE
ZONING	LR	3/26/09
TRAFFIC ENGINEERING		

CONTRACT PRICE	$	796.00
PERMIT FEE	$	97.50
TAX PAID	$	—
TOTAL	$	97.50

APPROVED BY: LR DATE: 3/26/09

PERMIT # 20-09-385947

ROW # 457003

THIS FORM IS A PERMIT ONLY WHEN VALIDATED HERE

CITY OF AURORA COLORADO 2009 APR -8 AM 11:22

NOTES TO APPLICANT:

FOR INFORMATION CALL 303-739-7347

FOR ALL WORK DONE UNDER THIS PERMIT, THE PERMITTEE ACCEPTS FULL RESPONSIBILITY FOR COMPLIANCE WITH THE AURORA SIGN CODE AND ALL OTHER APPLICABLE AURORA ORDINANCES.

Signature of Applicant: Virginia Elgin

CITY'S COPY - White — CUSTOMER'S COPY - Yellow

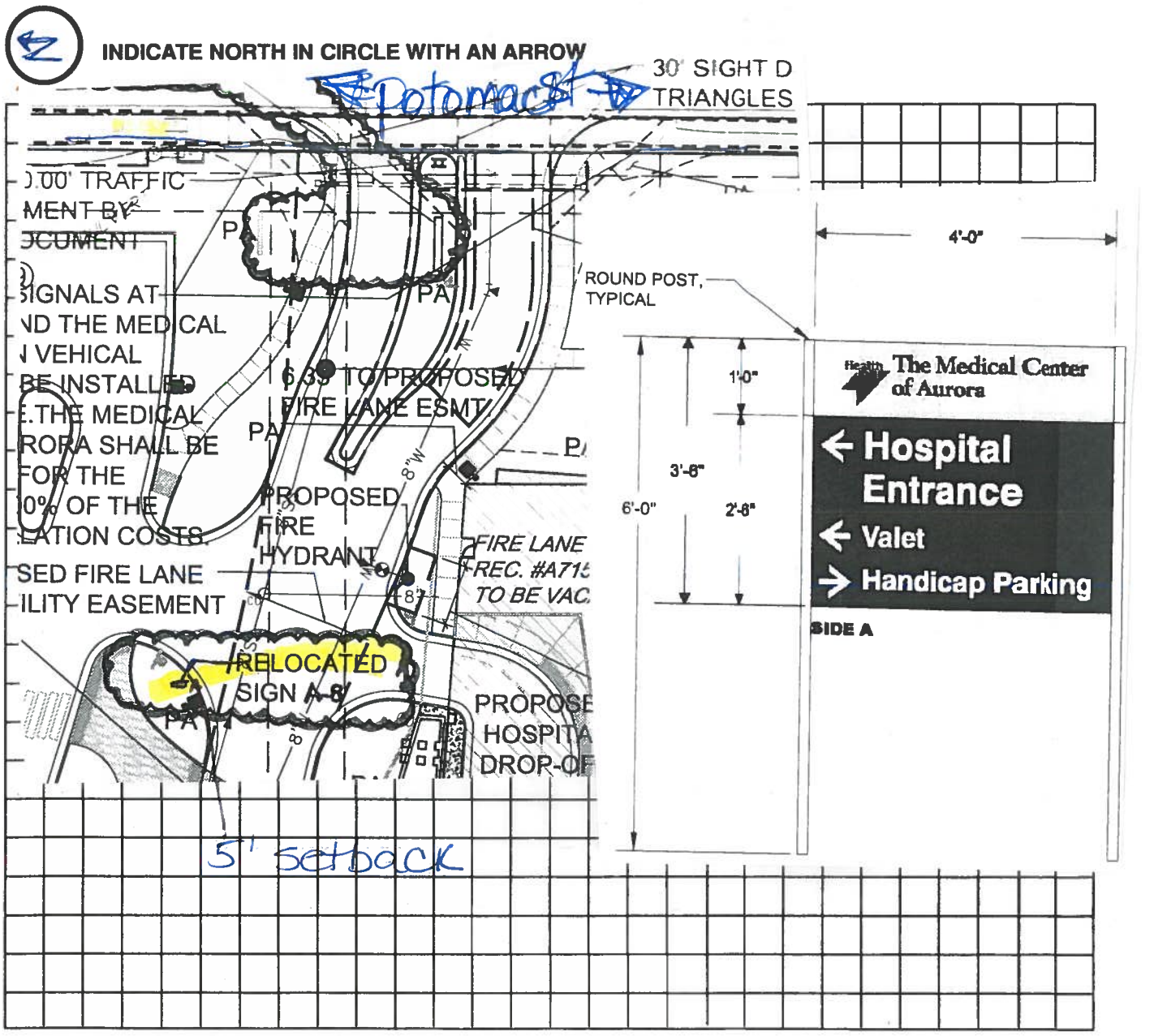
Covault Printing Company 303-632-7265

CITY OF AURORA
PLOT PLAN

ADDRESS 1501 S. Potomac

LEGAL DESCRIPTION LOT 1 BLK 1 SUBDIVISION Medical Center Sub.

NOTE: INDICATE THE FOLLOWING INFORMATION: STREETS, ALLEYS AND/OR EASEMENTS; FRONT, REAR AND SIDE YARD SETBACKS
INDICATE EXISTING STRUCTURING WITH SOLID LINE _____
INDICATE PROPOSED STRUCTURES WITH CROSSHATCHED LINE ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~



CITY'S COPY - White

CUSTOMER'S COPY - Yellow

Columbia Healthone LLC
Name(s) of Owner(s) of Site & Structure(s) (Print)

Virginia Elgin
Signature of Owner(s) or Authorized Representative

DO NOT WRITE BELOW THIS LINE

ZONE PD/Hosp. APPROVED AS NOTED LK DATE 3/26/09

Covault Printing Company