City of Aurora Public Works Department

BUILDING PERMIT APPLICATION

Building Division • 15151 E. Alameda Parkway, Ste 2400 • Aurora, CO 80012 • 303-739-7420 • Fax: 303-739-7412
Email: ***permitcounter@auroragov.org***

Project Address 1501 S. POTOMAC ST 1st Flr			**Unit #**
Project Name: MCOA MAIN OR STROBES		north / south towers	
Contractor Company Name SIMPLEXGRINNELL	**Phone** 303-355-0500		**Fax** 303-355-0615
Contact Person RICHARD BOCKSTAHLER	**Phone** 303-253-1801		
Email RBOCKSTAHLER@SIMPLEXGRINNELL.COM			**Fax**
Architect and/or Engineer Contact information for correction items			
Architect or Engineer name	**Email**		
Phone	**Fax**		
Owner (Required for Certificate of Occupancy) only			
Owner address			
Email			
Valuation / FDA:$ $15,000	**Materials Cost: $** $400		

FDA = Fee Determination Assessment. (Also known as the value of project) has no relationship to the construction costs for the building which can vary greatly. Rather, The assessment is used only to determine the appropriate level of fees to fund our code compliance activities.

Describe The Work You Will Be Doing:

ADDITION OF OR STROBES & SMOKES TO EXISTING DOCTOR'S SLEEP/REST AREAS

I declare under penalty that this application has been examined by me and that the statements made herein are made in good faith pursuant to City of Aurora tax and licensing regulations; and to the best of my knowledge and belief are true, correct and complete.

Print Name RICHARD BOCKSTAHLER **Signature** [signature] **Date** 06/06/2014

BOARD OF APPEALS: Contractor's Appeals and Standards Board. Applicants have the right to have the board hear appeals of orders, decisions or determinations made by the building official relative to the application and interpretation of the building code. Any application for appeal to the board shall be based on a claim that the true intent of the code or the rules legally adopted there under have been incorrectly interpreted, the provisions of the building code do not fully apply or an equally good or better form of construction is proposed.

THIS SPACE FOR OFFICE USE ONLY

Fee Determination Assessment: $ 15000.00

Change of occupancy/use: ☐ Yes ☐ No

REVIEWS
- ☐ Structural
- ☐ Mechanical
- ☐ Plumbing
- ☐ Electrical
- ☐ Fire-Life Safety
- ☐ Building Life Safety

INSPECTIONS
- ☐ Structural
- ☐ Mechanical
- ☐ Plumbing
- ☐ Electrical
- ☒ Life Safety
- ☐ Gate/Hazard

Intake Date: 6/6/14

Balance Due: $

PRE APPROVAL Initial ____ ☐ Zoning ☐ Water

Exterior changes? ☐ Yes ☐ No

Homeowner verified: ☐ Yes ☐ No

Permit Type: LT

Mid roof / Ave Bldg Height: N/A

Parent Permit RSN: N/A

Plans Examiner: JDK

Subtype: YK Alarm

RSN: 903513

Plans Picked Up By:

Company Name:

Phone Number