BUILDING PERMIT

City of Aurora, Colorado

RSN #: 236038

No.: 2006-145688-000-00 LT

Date: November 29, 2006

Address of Job: 1501 S POTOMAC ST

Contractor: JE DUNN CONSTRUCTION COMPANY

License No.:

Work: INTERIOR RENOVATIONS ----- MEDICAL CENTER OF AURORA ----- SOUTH CAMPUS ----- PRIVATE ROOM EXPANSION

Conditions:

Inspections: Mechanical Electrical Plumbing Structural

Other inspections may be required. Additional inspections for Zoning, Grading, and Engineering may be required before a Certificate of Occupancy can be issued. Record passed inspections on the reverse of this card.

Construction Type:		Occupancy Group:	
Plan Location:	117-1-B	C of O Required	
Contract Amount:	$500,000.00	Taxable Amount:	$250,000.00

FEES PAID:

Permit Fee	$3,233.75
Plan Fee	$3,233.75
Bldg. Use Tax	$9,375.00
Arap. County Open Space Bld Us	$593.75
Transactional Fee	$31.25
TOTAL FEES:	***$16,467.50***

Other fees may be due before a Certificate of Occupancy or Compliance can be issued. Utility fees are billed separately.

Notes to Applicant:

1. For information, call (303) 739-7420. For For inspections, call (303) 739-7416 one day in advance. All Inspection Requests must be called by 4:00 p.m. of the prior day. The PERMITTEE accepts FULL responsibility for all work done under this permit. All work must be done in accordance with all applicable building codes.

2. Permit is not valid unless signed by Permittee and Permit Fee and Use Taxes are paid in full.

Validation:

Permittee

City of Aurora, Colorado

ADDRESS: 1501 S Potomac St PERMIT NUMBER: 06-145688-00

ALL GENERAL AND SUB CONTRACTORS ARE REQUIRED TO BE LICENSED

TYPE OF CONTRACTOR	NAME	LICENSE NO.
General		
Concrete		
Waterproofing		
Mason		
Roofing		
Lathing/Gypsum Board		
HVAC		
Electrical (State number)		
Plumbing		
Insulation		
Fire Protection		
Water Meter No.		

NOTE: ✓ ROUGH INSPECTIONS MUST SHOW ON PLUMBING, ELECTRICAL & HVAC BEFORE ROUGH FRAME INSPECTION

Comments	Date	Initials
Under Ground Plumbing		
✓ Rough Plumbing	22 MAR 07	
Final Plumbing	3/23/07	PDT
Concrete Encased Ground		
✓ Rough Electrical	4-5-07	EB
Electrical Service		
Final Electrical AC 3237 & AC Temp Labels MC	6-15-07	EB
Gas Pipe		
✓ Rough HVAC	6/15/07	JT
Final HVAC Posted 6/15/07 JT 2nd entry	7/10/07	JCB
Footing ____ Caisson ____ Engineer's Letter ____		
Concrete Reinforcing ____ Engineer's Letter ____		
Foundation Waterproofing ____ Survey ____		
Structural Floor		
Roof/Pre-Roof		
✓ Rough Frame		
Insulation		
Gypboard		
Final Frame FINAL OK B JERRY 6/15/07 ROOMS ONLY NO CORRIDOR.	3-30-09	M

6-15-07 PERMIT STOPPED FINAL IN

Life Safety: Sprinkler System ____ Fire Alarm ____
Fire Extinguisher ____ Exit Lights ____
Fire Lanes ____ Misc. ____

Engineering ____ Grade ____ Zoning ____

Public Improvement Inspections (303) 739-7350 **Zoning Inspections (303) 739-7449**

FOR BUILDING INSPECTIONS CALL BEFORE 4:00 PM FOR NEXT DAY INSPECTION
(303) 739-7416 OR FAX TO (303) 739-7412

F: dept\development services\Building Division\Shared\Building Forms\Reverse of permit card.doc

ROW ID: 236038

CITY OF AURORA BUILDING PERMIT & PLOT PLAN APPROVAL

Address of Job 1501 S. Potomac St units A+B		Zip Code 80012	Date 9-26-06
Legal Description Lot 1	Block 1	Subdivision Aurora Medical Center	Filing 1
PROPOSED USE OF STRUCTURE Private Room expansion			
CLASS OF WORK:			
If Residential, Model # & Elevation			

AREA AT GRADE (SF)	GARAGE SINGLE ☐ THREE ☐ DOUBLE ☐	NO. OF STORIES	TOTAL UNITS	OCCUPANCY GROUP & DIV	SITE PLAN # & NAME
TOT. BLDG. (SF):	BASEMENT FIN. ☐ UNFIN. ☐	HEIGHT (FEET)	USE ZONE	TYPE CONSTR.	

OWNER/DEVELOPER: HCA - Health One - Medical Center of Aurora	PHONE NUMBER:
REPRESENTATIVE: Ken Gibson	PHONE NUMBER: 303-300-7870
CONTRACTOR: J.E. Dunn Construction	PHONE NUMBER:

DEPT./DIV.	AUTHORIZED BY (initials)	DATE	DEPT./DIV.	AUTHORIZED BY (initials)	DATE
Zoning			Right of Way		
Remarks LDN ☐ yes ☐ no _____ E-470 Corridor ☐ yes ☐ no _____ Township/Range/Section/Qtr. Section: _____			Remarks		
			Water	✓	9/26
			Remarks		
Engineering			Wastewater	✓	9/27
Remarks			Remarks plans 9/26		
Traffic			Forestry		
Remarks			Remarks		
Life Safety			Plans Exam		
Remarks			Remarks		

I/We certify that no use will be operated on the land or in the structure(s) identified above except the use(s) set forth above unless anew certificate of occupancy is obtained, the uses will be operated in compliance with the regulations contained in the Aurora City Code.

Name(s) of Owner(s) of Site & Structure(s) (print)

Signature of Owner(s) or Authorized Representative

Form No. 820-50 (1/02)

CITY OF AURORA BUILDING PERMIT INFORMATION

Project Address: 1501 S POTOMAC &
Zip Code: 80012
Project Name: ERP #2 INTERIOR RENOVATIONS
Contact Name: KEN GIBSON
Email Address: KEN.GIBSON@JEDUNN.COM
Owner: HCA-HEALTHONE LLC. DBA THE MEDICAL CENTER
Address: 1501 S. POTOMAC, AURORA 80012 OF AURORA
Email Address: N/A
Contractor: J.E DUNN CONSTRUCTION
Email Address: KEN.GIBSON@JEDUNN.COM

Unit #:
Contract Price: $500,000.00
(includes sprinkler and alarm?) ☒Y ☐N
Phone: 303-300-7870
Fax: 303-753-9964
Homeowner verification: N/A
Phone: N/A
Fax: N/A
Contractor License: 20061048690001
Phone: 303-300-7870
MOBILE: 303-917-8180

DESCRIBE THE WORK YOU WILL BE DOING

INTERIOR RENOVATIONS NESSISARY FOR CONSTRUCTION OF THE NEW 5 STORY PATIENT TOWER. AREAS OF CONSTRUCTION NEW TEMP LAB, EXIT CORRIDOR, & NEW BED SIGNAGE AREA.

~~NEGG DIG~~

Please check boxes by the items that apply to this job. Please complete all applicable spaces.
INDICATE BY (N) FOR NEW AND (E) FOR EXISTING, FOR ALL ITEMS CHECKED BELOW

MECHANICAL

- ☐ Gas Log BTU's ____ # ____ (____)
- ☐ Hood type/CFM ____ (____)
- ☐ Hot Tub (____)
- ☐ Gas Range/Oven/Cooktop BTU ____ (____)
- ☐ Gas Fireplace BTU's ____ # ____ (____)
- ☒ Heating Type HW BTU's 500M # 1 (E)
- ☒ A/C/Cooler CFM/Ton 3/10 (N)
- ☒ Misc. 216 #/HR HUMIDIFIER (N)

PLUMBING

- ☐ Shower # ____ (____)
- ☐ Kitchen Sink # ____ (____)
- ☐ Water Heater BTU's ____ # ____ (____)
- ☒ Floor Drain # 1 ☐ Urinals' ____ (N)
- ☒ Lavatory # 8 (N)
- ☐ Bathtub # ____ (____)
- ☐ Water Closet # ____ (____)
- ☒ Misc. (D COMP AIR UNIT SHP (N)

ELECTRICAL

- ☒ A/C or Cooler Elec. Amp. 40 (N)
- ☐ Elec. Service Chg. Amp. ____ (____)
- ☐ Hot Tub (____)
- ☒ Electrical Circuit #/AMP 88/20 (N)
- ☐ Construction Meter (____)
- ☒ Misc. FLU-40A, AIR COMP 15A (N)

LIFE SAFETY

- ☒ Fire Alarm System (N)
- ☐ Fire Alarm Points (____)
- ☐ Storage (Fuel) Tank(s) Sizes ____ (____)
- ☐ Medical Gas ____ (____)
- ☒ Fire Sprinkler Type WET (E)
- ☐ Hood Suppression Type ____ (____)
- ☐ Fire Extinguishers (____)
- ☐ Misc. (circle)(Fire Lane, Knox Box) (____)

THIS SPACE FOR OFFICE USE ONLY

REVIEWS
- ☒ Structural
- ☒ Mechanical
- ☒ Plumbing
- ☒ Electrical
- ☐ Life Safety

INSPECTIONS
- ☒ Structural
- ☒ Mechanical
- ☒ Plumbing
- ☒ Electrical
- ☐ Life Safety (per above)

Parent Permit #:
Parent RSN:
Parent Location:
Permit Type: LT
Sub Type: NON RES
Plans Examiner: John Eckert

Permit Number: 2006 145688 LT
In Date: 8-29-06
Permit Total $ 16467.50
Plan Location: 117-1-B
RSN: 236638

BOARD OF APPEALS - The City of Aurora has created a Building Code and 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 thereunder 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.