BUILDING PERMIT

City of Aurora, Colorado

573853

No.: 2010-509562-000-00 CT

Date: November 04, 2010

Life Safety Permit

Address of Job: 1501 S POTOMAC ST

Contractor: EMPIRE FIRE AND SAFETY INC

License No.:

Work: LOWER SPRINKLERS IN TRIAGE AREA TO NEW GRID ELEVATION

Conditions: MEDICAL CENTER OF AURORA
//////// OK FOR COUNTER PER NEIL W \\\\\\\\\\

Inspections: Fire Sprinkler

This permit has been issued for compliance using the Other Codes

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:		C of O Required	
Contract Amount:	**$2,000.00**	Taxable Amount:	**$1,000.00**

FEES PAID:

Permit Fee	$77.00
Bldg. Use Tax	$37.50
Arap. County Open Space Bld U:	$2.38
Arap. County Transactional Fee	$0.13
TOTAL FEES:	*$117.01*

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.

3. Building Permits expire automatically after 180 days unless inspections are requested, or if the time between inspections exceeds 180 days. Requests to extend a permit must be made to the Chief Building Official in writing.

Validation:

_____

Permittee

City of Aurora, Colorado

ADDRESS: 1501 S Potomac St **PERMIT NUMBER:** 10-509562-05

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		

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

Comments	Date	Initials
Under Ground Plumbing		
✓ Rough Plumbing		
Final Plumbing		
Gas Pipe		
✓ Rough HVAC		
Final HVAC		
Concrete Encased Ground		
✓ Rough Electrical		
Electrical Service		
Final Electrical		
Electrical Rough (Alarm)		
Footing Caisson Engineer's Letter		
Concrete Reinforcing Engineer's Letter		
Foundation Waterproofing Survey		
Structural Floor		
Roof/Pre-Roof		
✓ Rough Frame		
Insulation		
Gypboard		
Final Frame		
IECC Plumbing		
IECC Electrical		

Life Safety:
Sprinkler System FINAL 12/3/10 AW
Fire Lanes
Fire Alarm
Fire Extinguisher
Exit Lights.
Misc:

Public Improvements:
Engineering
Grade
Zoning

FOR NEXT DAY INSPECTION(S) CALL BEFORE 4:00 PM. Inspection line: 303-739-7416, Fax: 303-739-7412 Main: 303-739-7420. Email: inspections@auroragov.org or online by signing up.

11/23/10 Rough Only - OKAW

Permit Application: BUILDING~FENCE~ SIGN ~ Public Improvements

Building Division ~15151 E Alameda Pkwy ~ Aurora, CO 80012~ (303) 739-7420

Project Address: 1501 S. Potomac St. Unit # Zip code: 80012

Project Name/Subdivision: Medical Center of Aurora - Triage

Contractor: Empire Fire & Safety Phone: 3) 451-0975 Fax: 3) 920-9298

Contact Person: Dave Walker Email: dave.firewalker@hotmail.com

Phone: 3) 217-1438 Fax: 3) 920-9298

Owner: (Required for CO) Medical Center of Aurora

Owner address: 1501 S. Potomac St. Valuation / FDA: $ 2,000.00

Email: dave.firewalker@hotmail.com

REQUIRED FOR PROJECTS USING AN ARCHITECT and/or ENGINEER:

Architect or Engineer Name: Email:

Phone #: Fax #:

DESCRIBE THE WORK YOU WILL BE DOING: *

Lower sprinklers in Triage Area to accomodate new ceiling grid.

~~THE MEDICAL CENTER OF AURORA TRIAGE CENTER NOT~~

SIGN PERMIT: Sign review will establish allowables. Use description above for additional information.

Monument sign? ☐Y ☐N Is height from grade more than 6': ☐Y ☐N

Electrician: (Required for any illuminated sign) Any existing waivers ☐Y ☐N If yes provide copy

FENCE PERMIT: Style/Type: * Describe work above ☐ Corner lot ☐ Interior lot Use Zone:

Height in. Greater than 50% open: ☐ Less than 50% open: ☐ Post size: ☐ x ☐ Post spacing:

Public Improvements: General Contractor:

Sub contractor(1):

Sub contractor (2):

Sub contractor (3):

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: $ 2,000-00

Change of occupancy/use: Y ☐ N ☒

REVIEWS		INSPECTIONS	
☐	Sign		
☐	Structural	☐	Structural
☐	Mechanical	☐	Mechanical
☐	Plumbing	☐	Plumbing
☐	Electrical	☐	Electrical
☐	Fire Life Safety	☒	Life Safety
☐	Bldg Life Safety	☐	Gate/Haz.

Intake Date:

~~Water pre-approval:~~

~~Zoning pre-approval:~~

Parent Permit RSN: 565912

Parent Plan Location: TEL.

Permit Type: C T

Sub Type: ADD-SPK

Plans Examiner:

~~Verify Homeowner:~~

Zoning class/Parking fac:

RSN: 573853

Permit #:

Balance Due: $ 117.00

Sprinkler & Alarm permits must be brought in as separate submittals. "FDA" is NOT included in main permit.

Dave Walker Dave Walker 11/4/10

Print Name: Signature: Date:

mail to: buildingplans@auroragov.org

COUNTER

APPROVED

City of Aurora Building Division

11-4-10

07-575