BUILDING PERMIT

City of Aurora, Colorado

RSN #: 253213

No.: 2007-174446-000-00 CT

Date: March 14, 2007

Setting Permit for Mobile Office

Address of Job: 1501 S POTOMAC ST

Contractor: JE DUNN CONSTRUCTION COMPANY

License No.:

Work: (2) CONSTRUCTION TRAILERS AJOINED BY DECK AREA

Conditions: MEDICAL CENTER OF AURORA

Inspections: (Electrical) 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:		C of O Required	
Contract Amount:	**$500.00**	Taxable Amount:	**$0.00**

FEES PAID:

Engineering Permit Fee	$20.75
Mobile Home Fee	$25.00
TOTAL FEES:	*$45.75*

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: 07-17446 CO

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		
Concrete Encased Ground		
✓ Rough Electrical		
Electrical Service		
Final Electrical	2-23-09	EB
Gas Pipe		
✓ Rough HVAC		
Final HVAC		
Footing ____ Caisson ____ Engineer's Letter ____		
Concrete Reinforcing ____ Engineer's Letter ____		
Foundation Waterproofing ____ Survey ____		
Structural Floor		
Roof/Pre-Roof		
✓ Rough Frame		
Insulation		
Gypboard		
Final Frame Viewed Hook ties 3-21-07 DZ	3-21-07	DZ

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: 253213

CITY OF AURORA BUILDING PERMIT & PLOT PLAN APPROVAL

Address of Job	Zip Code	Date
1501 S Potomac ST.	80012	3/6/07

Legal Description
Lot 001 Block 001 Subdivision Aurora Medical Center Filing # 1
CSP # PA #

PROPOSED USE OF STRUCTURE TEMP CONSTRUCTION TRAILER (2) joined by Deck

CLASS OF WORK:

If Residential, Model # & Elevation N/A

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.	LOT SIZE

OWNER/DEVELOPER: JE DUNN **PHONE NUMBER:** 303-691-7626

REPRESENTATIVE: Andy Nowicki **PHONE NUMBER:** 303-691-7626

CONTRACTOR: JE DUNN Const **PHONE NUMBER:**

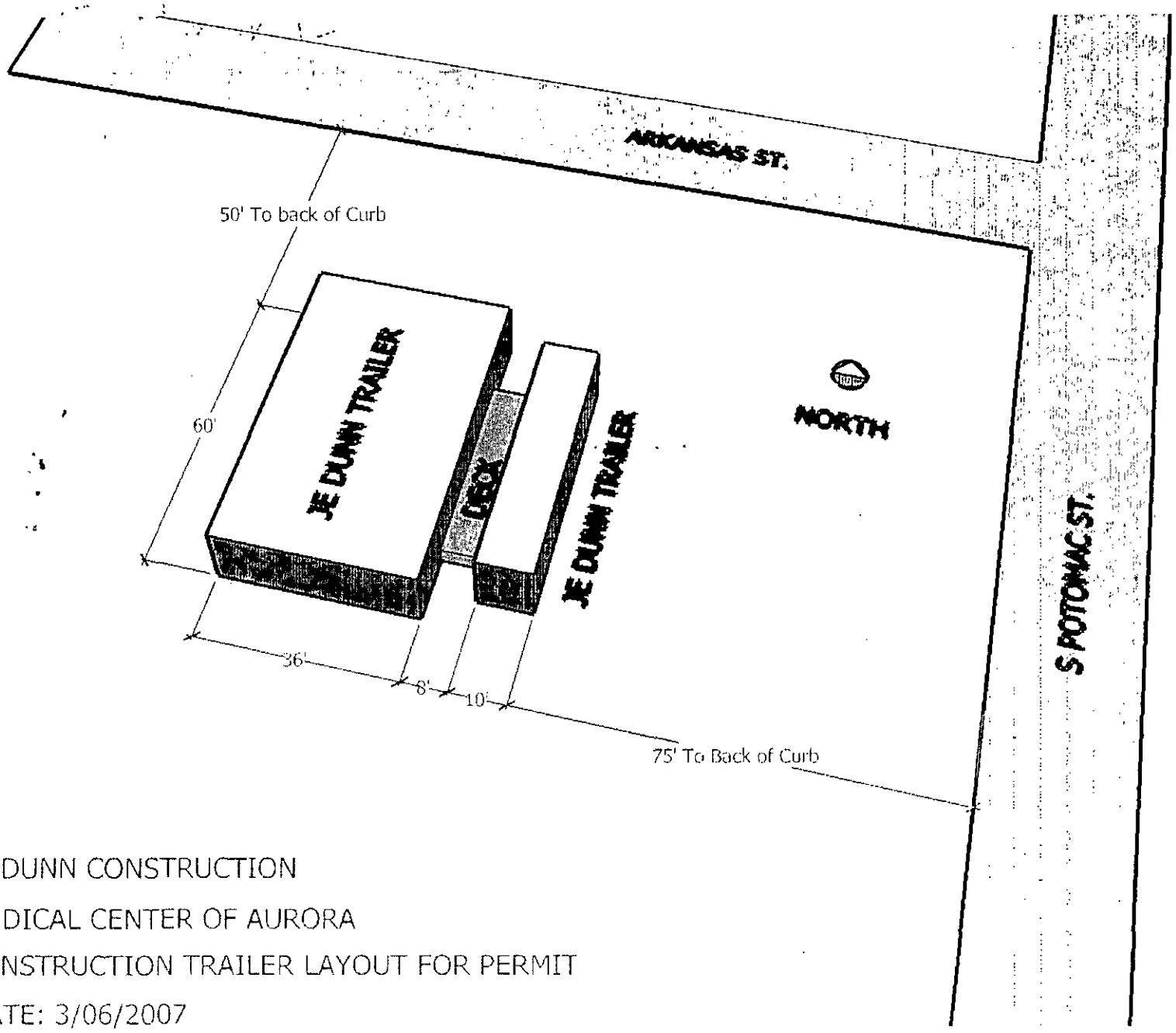
DEPT./DIV.	AUTHORIZED BY (initials)	DATE	DEPT./DIV.	AUTHORIZED BY (initials)	DATE
Zoning	✓	3.6.07	Right of Way	✓	3/13
Remarks LDN ☐ yes ☐ no _____ E-470 Corridor ☐ yes ☐ no _____			Remarks		
			Water	✓	3-7
			Remarks		
Engineering	✓	3/9	Wastewater		
Remarks			Remarks		
Traffic			Forestry		
Remarks			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)



JE DUNN CONSTRUCTION

MEDICAL CENTER OF AURORA

CONSTRUCTION TRAILER LAYOUT FOR PERMIT

DATE: 3/06/2007

CITY OF AURORA BUILDING PERMIT INFORMATION

Project Address: 1501 S POTOMAC ST. Unit #:
Zip Code: 80012 Contract Price: RENTAL
Project Name: CONST TRAILER Medical Center of Aurora (includes sprinkler and alarm?) ☐Y ☒N
Contact Name: ANDY RASDAL Phone: 303-691-7626
Email Address: Andrew.rasdal@JEDUNN.com Fax: 303-753-8964
Owner: JE DUNN Homeowner verification: N/A
Address: 2000 S COLORADO BLVD SUITE 120000 Phone: N/A
Email Address: N/A Fax: N/A
Contractor: JE DUNN CONST Contractor License: 20061048690001
Email Address: N/A Phone: 303-691-7626

DESCRIBE THE WORK YOU WILL BE DOING

TEMP CONSTRUCTION TRAILERS. FOR MEDICAL CONST PROJECT.

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 ____ # ____	(____)	☐ Gas Fireplace BTU's ____ # ____	(____)
☐ Hood type/CFM ____	(____)	☒ Heating Type ____ BTU's ____ # ____	(N)
☐ Hot Tub	(____)	☒ A/C/Cooler CFM/Ton ____	(N)
☐ Gas Range/Oven/Cooktop BTU ____	(____)	☐ Misc. ____	(____)

PLUMBING

☐ Shower # ____	(____)	☐ Lavatory # ____	(____)
☐ Kitchen Sink # ____	(____)	☐ Bathtub # ____	(____)
☐ Water Heater BTU's ____ # ____	(____)	☐ Water Closet # ____	(____)
☐ Floor Drain # ____ ☐ Urinals' ____	(____)	☐ Misc. ____	(____)

ELECTRICAL

☐ A/C or Cooler Elec. Amp. ____	(____)	☒ Electrical Circuit #/AMP 475A	(E)
☐ Elec. Service Chg. Amp. ____	(____)	☐ Construction Meter	(____)
☐ Hot Tub	(____)	☐ Misc. ____	(____)

LIFE SAFETY

☐ Fire Alarm System	(____)	☐ Fire Sprinkler Type ____	(____)
☐ Fire Alarm Points	(____)	☐ Hood Suppression Type ____	(____)
☐ Storage (Fuel) Tank(s) Sizes ____	(____)	☒ Fire Extinguishers	(N)
☐ Medical Gas ____	(____)	☐ 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:
Sub Type:
Plans Examiner:

Permit Number: 07174446 In Date:

Permit Total $ 4575 Plan Location: RSN: 253213

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.