City of Aurora
PLANNING DEPARTMENT
303-739-7347

LOA 3/17/09

SIGN PERMIT

ADDRESS OF JOB: 1501 S. Potomac St. | DATE: 3/16/09

LEGAL DESCRIPTON: LOT 1 | BLOCK 1 | SUBDIVISION: Med. Center Sub.

OWNER
NAME: Columbia Health One LLC | PHONE:
ADDRESS: Street PO Box 1504 | City Nashville | State TN | Zip 37202

CONTRACTOR
NAME: DaVinci Sign Systems Inc | PHONE: 970.203.9292
ADDRESS: Street 4496 Bents Dr. | City Windsor | State CO | Zip 80550
Supervisor for this Job: Jeff Everhart | License No.:

TYPE OF SIGN		FEATURES OF PROPOSED SIGN	YES	NO
GROUND SIGN	☐	WILL BE ILLUMINATED	☒	☐
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: 1		
DIRECTIONAL SIGN	☐	TOTAL AREA OF SIGN, ALL SIDES: 175.25 SQ. FT.		
OTHER	☐	HEIGHT OF SIGN FROM GRADE: 75 FT.		

EXISTING SIGNS
NUMBER OF EXISTING SIGNS: 1 to be removed
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: Remove wall sign & place new sign north side wall, Per approved Site Plan

58'-5" 701

36" The Medical Center of Aurora

site plan # 2006-6018

USE ZONE: PD/Hosp

AGENCY	AUTHORIZED BY	DATE
ZONING	LR	3/24/09
TRAFFIC ENGINEERING		

CONTRACT PRICE	$ 19,061.00
PERMIT FEE	$ 762.44
TAX PAID	$
TOTAL	$ 762.44
APPROVED BY	LR DATE 3/24/09
PERMIT #	20-09-38 5944
ROW #	457000

THIS FORM IS A PERMIT ONLY WHEN VALIDATED HERE

CITY OF AURORA COLORADO 2009 APR -8 AM 11:23

PAID

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

'09 MAR 16 4:16PM

Wallsign

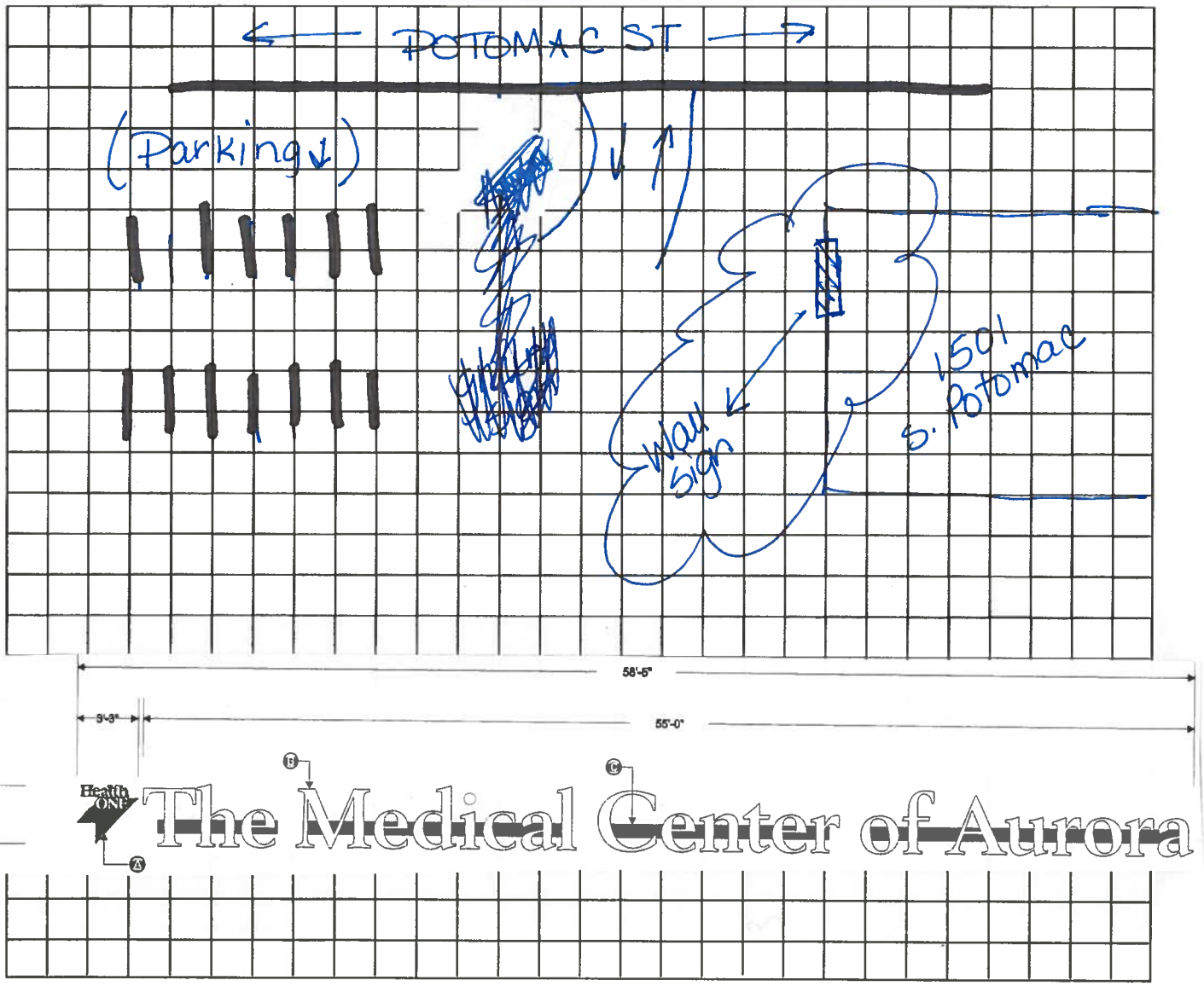
CITY OF AURORA
PLOT PLAN

ADDRESS 1501 S. Potomac St.

LEGAL DESCRIPTION LOT 1 BLK 1 SUBDIVISION Medical Center Sub. 1st FLG

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 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

INDICATE NORTH IN CIRCLE WITH AN ARROW



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 LR DATE 3/24/09

Covault Printing Company