BUILDING PERMIT

City of Aurora, Colorado

Colorado's only IAS Accredited Building Department

Permit#: 2009-430051-000-00 CT
Date: September 24, 2009

Address of Job: 1501 S POTOMAC ST
Contractor: EMPIRE FIRE AND SAFETY INC
Work: REPLACE PENDENT SPRINKLERS WITH RECESSED SPRINKLERS

Conditions: MEDICAL CENTER OF AURORA - 4TH FLOOR OLD TOWER

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. All exterior work must be completed within one year.

Fee Determination Assessment: **$24,000.00**	Construction Type:
Taxable Amount: **$12,000.00**	Occupancy Group:
	C of O Required:

FEES PAID:

Permit Fee	$410.50
Bldg. Use Tax	$450.00
Arap. County Open Space Bld Use Tax	$28.50
Arap. County Transactional Fee	$1.50
TOTAL:	$890.50

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 general information call (303) 739-7420 between the hours of 7:30am to 4:30pm. Online inspection requests are available 24 hours a day. The PERMITEE 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 until all fees have been 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.

Project#: 498608

East, West Corridors, ORTHO Nourish Rms) - OK/AW 12/31/09 Rough Completed AW

City of Aurora, Colorado

ADDRESS: 1521 S Potomac St PERMIT NUMBER: 09-48001.01 AW

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		
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		

Life Safety: Sprinkler System FINAL 1/14/10 BT 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

WEST SIDE Rough/Hydro OK 11/5/09 BT 11/19/09 Partial Final

12/18/09 Rough Only (North Rooms 442 to Storage) - OK/AW 12/24/09 Rough Only (Rms 451 to 459 &

City of Aurora
Building Division
15151 E Alameda Pkwy, 2nd Floor
Aurora, CO 80012

(OFFICIAL USE ONLY)

LIFE SAFETY INSPECTIONS LOG

ADDRESS 1501 S. Potomac St **PERMIT NUMBER** 2009-430051

12/29/09 Partial Rough (East End Corridor, 1st Point of Use Sealed/Utility, Dictation, & ELECTRICAL Rooms - OK'ed

Permit Application: BUILDING~FENCE~ SIGN

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

Project Address: 1501 So. Potomac St. 4th Fl. Unit # Zip code:

Project Name/Subdivision:

Contractor: Empire Fire & Safety Phone: (303) 217-1438 Fax: (303) 920-9298

Contact Person: Dave Walker Email: dave fire walker @ hotmail.com

Phone: Fax:

Owner: (Required for CO)

Owner address: Valuation / FDA: $ $24,000

Email:

REQUIRED FOR PROJECTS USING AN ARCHITECT and/or ENGINEER:

Architect or Engineer Name: Email:

Phone #: Fax #:

DESCRIBE THE WORK YOU WILL BE DOING: * Replacing pendent sprinklers with recessed sprinklers.

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:

NEW HOME CONSTRUCTION ONLY:

Model #: Elevation: Foundation Type: Basement Type: Unfinished:

Number of Deck(s): Covered: Uncovered: Size of Deck (s): Concrete Patio(s):

Covered: Uncovered: Size of Patio Cover: GFA – Qty: BTU's: /

Gas range/BBQ/oven/cook top: BTU's Qty AC/Cooler/CFM/Ton: Fireplace(qty):

BTU's: / Misc: Shower #: Lavatory #: Bathtub #: Water Closet #:

Water heater type: BTU'S: # Electrical Svc AMP: Other:

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: $

Change of occupancy/use: Y ☐ N ☐

REVIEWS		INSPECTIONS	
☐	Sign		
☐	Structural	☐	Structural
☐	Mechanical	☐	Mechanical
☐	Plumbing	☐	Plumbing
☐	Electrical	☐	Electrical
☐	Life Safety	☒	Life Safety

Intake Date:

Water pre-approval:

Zoning pre-approval:

Parent Permit RSN:

Parent Plan Location

Permit Type: Counter

Sub Type: 4X Sprinkler

Plans Examiner: JMP

Verify Homeowner:

RSN: 4982008

Permit #:

Balance Due: $

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

Print Name: Signature: Date: