BUILDING PERMIT

City of Aurora, Colorado

479770

No.: 2009-410143-000-00 LT

Date: August 13, 2009

Life Safety Permit

Address of Job: 1501 S POTOMAC ST

Contractor: CODE FIRE LLC

License No.: A12391

Work: FIRE SPK -TF - CATH LAB

Conditions: MEDICAL CENTER OF AURORA

SEE 1601 S POTOMAC ST FOR SOUTH SIDE PARKING LOT. 9/8/06 CD

Inspections: Fire Sprinkler

MOVED UNDER THIS SUB BECAUSE OF RESUB 8/22/09 R.R.

This permit has been issued for compliance using the 2006 I-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:	**IBC TYPE IA-SPK**	Occupancy Group:	**IBC I-2**
Plan Location:	**SCANNED 08/10/09**	C of O Required	
Contract Amount:	**$4,990.00**	Taxable Amount:	**$2,495.00**

FEES PAID:

Permit Fee	$120.75
Plan Fee	$120.75
Bldg. Use Tax	$93.56
Arap. County Open Space Bld Us	$5.93
Arap. County Transactional Fee	$0.31
TOTAL FEES:	***$341.30***

CITY OF AURORA COLORADO

2009 AUG 13 AM 11:49

PAID

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:** 09 410143 LT

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 9/24/09 AW 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

9/1/09 Cmth LAB 1 Rough ok/will Hydro when 2nd LAB IS Done BT
9/3/09 Rough/Hydro For All (ok)

PERMIT APPLICATION
CITY OF AURORA

BULDING CODES DIVISION

Pre Approval sign off	
Zoning:	
Any Exterior work?	☐ Yes ☐ No
Water:	

15151 E Alameda Pkwy, Ste 2400 ~ Aurora, CO 80012 ~ 303 739-7420

Project Address: 1501 ~~1601~~ S Potomac St Unit # Cath Lab Zip code:
Project Name/Subdivision:
Contractor: Code Fire LLC Phone: 317-25-0698
Contact Person: Steve Sweet
Email: SteveC@codefirellc.com Fax:
Owner: Medical Center Of Aurora
Owner address: Valuation: #1990-
Email:

REQUIRED FOR PROJECTS USING AN ARCHITECT and/or ENGINEER

Architect or Engineer Name: email:
Phone #: Fax #:

DESCRIBE THE WORK YOU WILL BE DOING

Fire Sprinkler Tenant Finish Cath Lab Med. Center of Aurora
Reimate 37 - Add 7

THIS SECTION FOR NEW HOME CONSTRUCTION ONLY

Model #:	Elevation:	Foundation Type:	
Basement Type:	Unfinished:	Finished:	SF:
Number of Deck(s):	Covered:	Uncovered:	Size of Deck (s):
Concrete Patio(s):	Covered:	Uncovered:	Size of Patio Cover:

MECHANICAL

Heating type:	BTU's:	Qty:	Gas range/oven/cook top:	BTU's	Qty
AC/Cooler/CFM/Ton:			Fireplace:	Misc:	

PLUMBING

Shower #:	Lavatory #:	Bathtub #:	Water Closet #:	
Water heater type:	BTU'S:	#	Misc.:	

ELECTRICAL

Electrical Service AMP:	Const Meter:	Misc.:

◆◆◆◆ THIS SPACE FOR BUILDING CODES DIVISION OFFICE USE ONLY ◆◆◆◆

Project Valuation:

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

Parent Permit RSN: 4583346
Parent Plan Location:
Permit Type: Limited
Sub Type: 4X Fire Sprinkler
Plans Examiner: JMP
Verify Homeowner:

Sprinkler & alarm permits **must** be brought in as separate submittals. Valuation is NOT included in main permit.

Change of occupancy/use: ☐ Yes ☐ No

Plan Fee Due $ Intake Date: 7/10/09 Permit # CA 410143

Balance Due $ 220.55 Plan Location: RSN: 479770
EMAIL 9/12 AH

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.

Signature: Print Name: Steve Sweet Date: 6/2/09