City of Aurora Public Works Department

BUILDING PERMIT APPLICATION

Building Division • 15151 E. Alameda Parkway, Ste 2400 • Aurora, CO 80012 • 303-739-7420 • Fax: 303-739-7412
Email: **permitcounter@auroragov.org**

Project Address 1501 S. POTOMAC, AURORA, CO			**Unit #**
Project Name: AT+T SITE: HUMANA (COLO1176)			
Contractor Company Name HERB QUINTANA		**Phone** 303.915.4556	**Fax** N/A
Contact Person		**Phone**	
Email HERB@Q3CONSULTING.COM			**Fax**
Architect and/or Engineer Contact information for correction items			
Architect or Engineer name KEN MCCRACKEN		**Email** KMCCRACKEN@PMDGINC.COM	
Phone 303.955-9040		**Fax** N/A	
Owner (Required for Certificate of Occupancy) only			
Owner address 1301 S. POTOMAC, AURORA, CO			
Email N/A			
Valuation / FDA:$ 10,000 – NC		**Materials Cost: $** 8,000	

FDA = Fee Determination Assessment. (Also known as the value of project) has no relationship to the construction costs for the building which can vary greatly. Rather, The assessment is used only to determine the appropriate level of fees to fund our code compliance activities.

Describe The Work You Will Be Doing: SWAP EXISTING BATTERIES IN SHELTER. SWAP 3 EXISTING ANTENNAS ON ROOF. ADD 3 NEW REMOTE RADIO HEADS BEHIND ANTENNAS. ~~Need CC~~ Route to Planning

I declare under penalty that this application has been examined by me and that the statements made herein are made in good faith pursuant to City of Aurora tax and licensing regulations; and to the best of my knowledge and belief are true, correct and complete.

Print Name HERB QUINTANA **Signature** Herb Quintana **Date** 4/1/15

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: ☐ Yes ☐ No

REVIEWS
- OK ☑ Structural NW
- ☐ Mechanical
- ☐ Plumbing
- ~~☐ Electrical~~
- OK ☑ Fire-Life Safety NW
- ☐ Building Life Safety

INSPECTIONS
- ☑ Structural
- ☐ Mechanical
- ☐ Plumbing
- ~~☑ Electrical~~ N/A
- ☑ Life Safety
- ☐ Gate/Hazard

Intake Date: 4-3-15

Balance Due: $ _____

PRE APPROVAL Initial PD ☑ Zoning ☐ Water

Exterior changes? ~~☑~~ Yes ☐ No

Homeowner verified: ☐ Yes ~~☑~~ No

Permit Type: LT

Mid roof / Ave Bldg Height: _____

Parent Permit RSN: 643847

Plans Examiner: NW

Subtype: Roof Antennae

RSN: 99193

Plans Picked Up By: ELIZABETH SOVNEY

Company Name: BLACK & VEATCH

Phone Number 303-256-4023

2015-942571 LT