BUILDING PERMIT

City of Aurora, Colorado

517061

No.: 2010-449606-000-00 TF

Date: February 08, 2010

Tenant Finish

Address of Job: 1400 S POTOMAC ST

Contractor: CODA CONSTRUCTION GROUP LLC

License No.:

Work: ONCOLOGY CLINIC INFUSION CENTER UNIT 215

Conditions: CERTIFICATE OF OCCUPANCY REMAINS GROUP "B"

Inspections: Mechanical Electrical Plumbing Structural

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:	**UBC Type II-N - SP**	Occupancy Group:	**IBC B**
Plan Location:	**SCANNED 2/5/10**	C of O Required	
Contract Amount:	**$181,690.00**	Taxable Amount:	**$90,845.00**

FEES PAID:

Permit Fee	$1,620.50
Bldg. Use Tax	$3,406.69
Arap. County Open Space Bld Us	$215.75
Arap. County Transactional Fee	$11.36
TOTAL FEES:	*$5,254.30*

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:

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Permittee

City of Aurora, Colorado

ADDRESS: 14400 S. Potomac St #210 **PERMIT NUMBER:** 2010-449606 - H A+S

ALL GENERAL AND SUB CONTRACTORS ARE REQUIRED TO BE LICENSED

TYPE OF CONTRACTOR	NAME	LICENSE NO.
General	Coda Construction Group	20104512850 0 CL
Concrete		
Waterproofing		
Mason		
Roofing		
Lathing/Gypsum Board	MD INTERIORS	20094045520 0 CL
HVAC	Ducts Unlimited	20094451660 0 CL
Electrical (State number)	H. Tech Electric	3169
Plumbing	S+S Plumbing	2010 45100500 CL
Insulation	MD INT.	20094045520 0 CL
Fire Protection	Metro State Fire Jacobs Fire	

NOTE: ✓ **ROUGH INSPECTIONS MUST SHOW ON PLUMBING, ELECTRICAL & HVAC BEFORE ROUGH FRAME INSPECTION**

	Comments	Date	Initials
Under Ground Plumbing			
✓ Rough Plumbing		2-12-10	
Final Plumbing	3/17/10 Post on rk	3-18-10	
Concrete Encased Ground			
✓ Rough Electrical	walls & soffits 2/12/10 BT	2-25-10	EB
Electrical Service			
Final Electrical	(Check for breaker ties)	3-17-10	
Gas Pipe			
✓ Rough HVAC		3/3/10	BT
Final HVAC		3/16/10	EB
Footing	Caisson	Engineer's Letter		
Concrete Reinforcing	Engineer's Letter		
Foundation Waterproofing	Survey		
Structural Floor			
Roof/Pre-Roof			
✓ Rough Frame	2-25-10 Grid OK EB	7/12/10	AW
Insulation			
Gypboard		3/17/10	(Coda
Final Frame		3/19/10	Coda

Life Safety: Sprinkler System FINAL 3/19/10 AW — Fire Alarm FINAL 3/19/10 AW
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

Permit Application: BUILDING~FENCE~ SIGN

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

Project Address: 1400 S. Potomac St | Unit # 215 | Zip code: 80012
Project Name/Subdivision: Oncology Clininc Infusion Center
Contractor: Not Selected yet | Phone: N/A | Fax: N/A
Contact Person: Michael Haider | Email: michael@tenplan.com
Phone: 303-861-4800 | Fax: 303-861-1621
Owner: (Required for CO) Nicole Budlong, CB Richard Ellis
Owner address: 830 Potomac Circle, Ste. 230 | Valuation / FDA: $181,690.00
Email: Nicole.budlong@cbre.com

REQUIRED FOR PROJECTS USING AN ARCHITECT and/or ENGINEER:

Architect or Engineer Name: Michael Haider, TPSI | Email: michael@tenplan.com
Phone #: 303-861-4800 | Fax #: 303-861-1621

DESCRIBE THE WORK YOU WILL BE DOING: Medical Office Clinic Oncology Cancer Infusion

SIGN PERMIT: Sign review will establish allowables. Use description above for additional information. COK
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: $ 181,690.00

Change of occupancy/use: Y ☐ N ☐

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

Intake Date: 1/21/10

Water pre-approval:
Zoning pre-approval: A-1
Parent Permit RSN:
Parent Plan Location
Permit Type: TF
Sub Type:
Plans Examiner: PM / JC
Verify Homeowner:
RSN: 517061 517061
Permit #: 10-449606 TF
Balance Due: $ 5,254.30

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

Print Name: Signature: Date: