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 1400 POTOMAC ST		**Unit #** 110
Project Name: WOUND CARE		
Contractor Company Name BRENT FLEETWOOD CONST	**Phone** 3-210-3851	**Fax** 3-467-3925
Contact Person BRENT	**Phone** 3-210-3851	
Email BFC.BRENT@COMCAST.NET		**Fax**
Architect and/or Engineer Contact information for correction items		
Architect or Engineer name TOM HECKER	**Email** THOMAS.HECKER@HEALTHONECARES.COM	
Phone 3-338-7869	**Fax**	
Owner (Required for Certificate of Occupancy) only MEDICAL CENTER OF AURORA		
Owner address 1501 S. POTOMAC ST		
Email GREGORY.MENKE@NCAHEALTHCARE.COM		
Valuation / FDA:$	**Materials Cost: $**	

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: INTERIOR DEMOLITION

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 BRENT FLEETWOOD **Signature** _____ **Date** 10/10/13

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
- ☐ Structural
- ☐ Mechanical
- ☐ Plumbing
- ☐ Electrical
- ☐ Fire-Life Safety
- ☐ Building Life Safety

INSPECTIONS
- ☐ Structural
- ☐ Mechanical
- ☐ Plumbing
- ☐ Electrical
- ☐ Life Safety
- ☐ Gate/Hazard

Intake Date: _____

Balance Due: $ _____

PRE APPROVAL Initial _____ ☐ Zoning ☐ Water

Exterior changes? ☐ Yes ☐ No

Homeowner verified: ☐ Yes ☐ No

Permit Type: _____

Mid roof / Ave Bldg Height: _____

Parent Permit RSN: _____

Plans Examiner: _____

Subtype: _____

RSN: 848082

Plans Picked Up By: _____

Company Name: _____

Phone Number _____