BUILDING PERMIT

City of Aurora, Colorado

565912

No.: 2010-501082-000-00 LT

Date: October 08, 2010

Address of Job: 1501 S POTOMAC ST

Contractor: BRENT FLEETWOOD CONSTRUCTION INC

License No.:

Work: INTERIOR REMODELING TO TRIAGE CENTER

Conditions: MEDICAL CENTER OF AURORA *** NO CO REQUIRED***

Inspections: Mechanical Electrical Plumbing Structural

This permit has been issued for compliance using the 2006-I-Codes/Aurora Muni Code/200

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-F.R. -**	Occupancy Group:	**IBC I-2**
Plan Location:	**SCANNED 10/4/10**	C of O Required	
Contract Amount:	**$300,000.00**	Taxable Amount:	**$150,000.00**

FEES PAID:

Permit Fee	$2,358.00
Plan Fee	$2,358.00
Bldg. Use Tax	$5,625.00
Arap. County Open Space Bld U	$356.25
Arap. County Transactional Fee	$18.75
TOTAL FEES:	***$10,716.00***

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

NEED GC

Permit Application: BUILDING~FENCE~ SIGN ~ Public Improvements

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

Project Address: 1501 S. POTOMAC ST Unit # TRIAGE Zip code: 80012

Project Name/Subdivision: TRIAGE INTERIOR REMODEL

Contractor: BRENT FLEETWOOD CONSTRUCTION INC Phone: 303-210-3851 Fax: 303-467-3925

Contact Person: BRENT FLEETWOOD Email: BFC.BRENT@COMCAST.NET

Phone: 303-210-3851 Fax:

Owner: (Required for CO) MEDICAL CENTER of AURORA

Owner address: Valuation / FDA: **$** 300,000

Email:

REQUIRED FOR PROJECTS USING AN ARCHITECT and/or ENGINEER:

Architect or Engineer Name: TOM THOMPSON Email: TOMTHOMPSONARCHITECT@GMAIL.COM

Phone #: 720-989-6084 Fax #:

DESCRIBE THE WORK YOU WILL BE DOING: *

TENANT FINISH REMODEL

Route to W/WW

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:

Public Improvements: General Contractor:

Sub contractor(1):

Sub contractor (2):

Sub contractor (3):

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: $ 300,000 hd

Change of occupancy/use: Y ☐ N ☐

REVIEWS		INSPECTIONS	
☐	Sign		
☑	Structural	☑	Structural
☑	Mechanical	☑	Mechanical
☑	Plumbing	☑	Plumbing
☑	Electrical	☑	Electrical
☐	Fire Life Safety	☐	Life Safety
☑	Bldg Life Safety	☑	Gate/Haz.

Intake Date:

Water pre-approval:

Zoning pre-approval: NO EXT WORK

Parent Permit RSN:

Parent Plan Location

Permit Type: 2+

Sub Type: NT2 NONRES MISC.

Plans Examiner: JE

Verify Homeowner:

Zoning class/Parking fac:

RSN: 565912

Permit #:

Balance Due: $ 8358 00

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

BRENT FLEETWOOD — Print Name:

Signature:

9/17/2010 — Date:

Email to: buildingplans@auroragov.org