09-387421-2E Date 8/21/09

PLAN REVIEW REVISION SUBMITTAL

This form should be completed and submitted with all building plan revisions. All changes from the previously approved drawings must be clearly shown by clouding, circling, etc.

Project address 1501 S Potomac St Unit # ____

Project name Medical Center of Aurora Valuation $ Ø

Contractor JE Dunn Const (Cath Labs) Contractor License ____

Contact Name Paul Zubeck Phone # 303-968-4694

Fax ____ Email paul.zubeck@jedunn.com

Owner HCA d/b/a Medical Center of Aurora Phone # ____

Address ____ Fax ____

Have there been any permits issued for this job? Yes X No ____

If yes, what is the permit number? 2009-387421-E

What type of work is being proposed in the attached plans being submitted?

Revise Electrical Feed-

- - - - - - - - THIS SPACE FOR OFFICE USE ONLY - - - - - - - -

Reviews	Total Review time	PE initials
___ Mechanical	____	____
___ Plumbing	____	____
✓ Electrical	3	SWG
___ Structural	____	____
___ Life Safety	____	____

Two hour minimum of $208.00 collected at Plan intake.

Plan Location Scanned.
Parent RSN 458346
8-28-2

Permit Number ____
Permit Type Limited (LT)
Subtype Plan Revisions
Intake by SWG (P.E.)

Total review time 3
- 2.0 (= $208.00) Minimum plan fee paid

$ ____ **Balance due** RSN 491069

BOARD OF APPEALS
The City of Aurora has created a Building Code and 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 thereunder 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.

PLANS RECEIVED BY

Print: Paul Zbeck

Sign:

Representing company: DE Dunn

Telephone: 3/ 968-4694