BUILDING PERMIT

City of Aurora, Colorado

458346
458346
Permit#: 2009-387421-000-00 LT
Date: May 19, 2009

Colorado's only IAS Accredited Building Department

Address of Job: 1501 S POTOMAC ST
Contractor: JE DUNN CONSTRUCTION COMPANY
Work: ADDING CATH LAB TO EXISTING LAB AREA

Conditions: MEDICAL CENTER OF AURORA UNIT A & B
SPECIAL INSPECTIONS REQUIRED- HIGH STRENGTH BOLTS- WELDING- MEDICAL GAS PIPING.

Inspections: Mechanical Electrical Plumbing Structural Special

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. All exterior work must be completed within one year.

Fee Determination Assessment: **$1,054,466.00** Construction Type: IBC TYPE IA-SPK
Taxable Amount: **$527,233.00** Occupancy Group:IBC I-2
C of O Required: No

FEES PAID:

Permit Fee	$6,259.00
Plan Fee	$6,259.00
Bldg. Use Tax	$19,771.2
Arap. County Open Space Bld Use Tax	$1,252.18
Arap. County Transactional Fee	$65.90
After Hours Inspection Bldg	$208.00
After Hours Inspection Bldg	$208.00
After Hours Inspection Bldg	$208.00
After Hours Inspection Bldg	$416.00
After Hours Inspection Bldg	$208.00
After Hours Inspection Bldg	$208.00
TOTAL:	$35,063.32

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 general information call (303) 739-7420. For inspections call (303) 739-7416 one day in advance. All inspection requests must be called by 4:00 pm of the prior day. Online inspection requests must be made prior to 5:00 AM on the day of inspection in order to be performed on that day. The PERMITEE 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 until all fees have been 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.

City of Aurora, Colorado

ADDRESS: 1501 S Potomac St **PERMIT NUMBER:** 09 387421 LT

ALL GENERAL AND SUB CONTRACTORS ARE REQUIRED TO BE LICENSED

TYPE OF CONTRACTOR	NAME	LICENSE NO.
General		
Concrete		
Waterproofing		
Mason		
Roofing		
Lathing/Gypsum Board		
HVAC		
Electrical (State number)		
Plumbing		
Insulation		
Fire Protection		

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

	Comments	Date	Initials
Under Ground Plumbing	Complete	7/2/09	RST
✓ Rough Plumbing		7/28/09	Mark
Final Plumbing	Posted 9-18-09 JCB Need med gas cert Rec'd 9-25-09 in office	9-28-09	JB
Concrete Encased Ground			
✓ Rough Electrical		8-30-09	EB
Electrical Service		9-23-09	EB
Final Electrical		9-23-09	EB
Gas Pipe			
✓ Rough HVAC	LDS & WALLS Complete	8-21-09	BT
Final HVAC	FINAL Pending ~~Balance Report 9-16-09 BT~~ Not needed per BT 9-28 JB	9-28-09	BT
Footing	Caisson Engineer's Letter		
Concrete Reinforcing	Engineer's Letter		
Foundation Waterproofing	Survey		
Structural Floor			
Roof/Pre-Roof			
✓ Rough Frame			
Insulation			
Gypboard			
Final Frame		9/25/09	Mark
✓ rated walls			

Life Safety: Sprinkler System
Fire Extinguisher FINAL 9/24/09 AW
Fire Lanes
Fire Alarm
Exit Lights FINAL 9/24/09 AW
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
CITY OF AURORA

BULDING CODES DIVISION

Pre Approval sign off	
Zoning:	SF, P.D. - Hosp.
Any Exterior work?	☐ Yes ☒ No
Water:	2.0 3/19/09

15151 E Alameda Pkwy, Ste 2400 ~ Aurora, CO 80012 ~ 303 739-7420

Project Address: 1501 S. Potomac St. Unit # A+B Zip code: 80012
Project Name/Subdivision: Cath Lab
Contractor: JE Dunn Construction Phone: 303-968-4694
Contact Person: Paul Zubeck
Email: paul.zubeck@jedunn.com Fax: 303-750-5070
Owner: HCA/Health One - DBA Medical Center of Aurora
Owner address: ~~1501~~ 1501 S. Potomac St. Valuation: $ 1,054,466 ≈
Email: Keith.allen@hcahealthcare.com

REQUIRED FOR PROJECTS USING AN ARCHITECT and/or ENGINEER
Architect or Engineer Name: John Neup email:
Phone #: 720-685-1065 Fax #:

DESCRIBE THE WORK YOU WILL BE DOING
Adding Cath Lab to ~~Proc~~ shell space 2nd Intake.
~~TNI~~

THIS SECTION FOR NEW HOME CONSTRUCTION ONLY

Model #:	Elevation:	Foundation Type:	
Basement Type:	Unfinished:	Finished:	SF:
Number of Deck(s):	Covered:	Uncovered:	Size of Deck (s):
Concrete Patio(s):	Covered:	Uncovered:	Size of Patio Cover:

MECHANICAL

Heating type:	BTU's:	Qty:	Gas range/oven/cook top:	BTU's	Qty
AC/Cooler/CFM/Ton:			Fireplace:	Misc:	

PLUMBING

Shower #:	Lavatory #:	Bathtub #:	Water Closet #:
Water heater type:	BTU'S: #	Misc.:	

ELECTRICAL

Electrical Service AMP:	Const Meter:	Misc.:

◆◆◆◆ THIS SPACE FOR BUILDING CODES DIVISION OFFICE USE ONLY ◆◆◆◆

Project Valuation: 1,054,466 00

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

Parent Permit RSN:
Parent Plan Location:
Permit Type: LT
Sub Type:
Plans Examiner: TE K
Verify Homeowner:

Sprinkler & alarm permits **must** be brought in as separate submittals. Valuation is NOT included in main permit.

Change of occupancy/use: ☐ Yes ☑ No

Plan Fee Due $ ~~6259.~~ Intake Date: 03/24/09 Permit # 09-387421-LT

Balance Due $ ~~5,607.5~~ 27348.32 Plan Location: RSN: 458346

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.

Signature: Print Name: Paul Zubeck Date: 3/24/09

09 -387421

09-387421-LT

Date 5/29/09

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 # N/A

Project name MCOA Cath Labs Valuation $ Ø

Contractor JE Dunn Construction 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 1501 S. Potomac St Fax

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

If yes, what is the permit number? 09-387421

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

Minor Revisions to Architecturals & Reuse of owner stock material

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

Plan Location SCANNED 5/4/09

Parent RSN 458346

Reviews		Review time: Total Review time	PE initials
X	Mechanical	2.0	PM
X	Plumbing	2.0	MT
X	Electrical	2.0	MT
X	Structural	2.0	JC
___	Life Safety		

AURORA

Two hour minimum of $208.00 collected at Plan intake.

Permit Number

Permit Type Limited (LT)

Subtype Plan Revisions

Intake by (P.E.)

Total review time 8.0

- 2.0 (= $208.00) Minimum plan fee paid

$ 624.00 **Balance due**

PARENT 458346

RSN 469409

BOARD OF APPEALS

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Revised: January 15, 2009

09 387421-LT Date 7/14/09

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 # A & B

Project name McOA Cath Labs Expansion Valuation $ 1,000,000

Contractor JE Dunn Construction Contractor License _____

Contact Name Paul Zubeck Phone # 303-968-4694

Fax 303-750-5070 Email paul.zubeck@jedunn.com

Owner HCA Health One d/b/a Medical Center of Aurora Phone # 615-344-5761

Keith Allen

Address 1501 S Potomac St Fax _____

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

If yes, what is the permit number? 09 387421 LT

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

Revised AHU1-1 & Relocated UPS & Staff Lounge

RE: #09-399209-LT FOR APPROVED STRUCTURAL

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

Plan Location SCANNED 5-4-09 7-16-09

Parent RSN ~~480593~~ 458344

Reviews / **Review time**

Reviews	Total Review time	PE initials
✓ Mechanical	1.0	JM
✓ Plumbing	1.0	JM
✓ Electrical	2.0	FT
✓ Structural	1.0	JM
✓ Life Safety	—	—

Two hour minimum of $208.00 collected at Plan intake.

Permit Number _____

Permit Type Limited (LT)

Subtype Plan Revisions

Intake by PW (P.E.)

Total review time 5.0

- 2.0 (= $208.00) Minimum plan fee paid

3.0

$ 312.00 **Balance due**

RSN 480593

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.

TRC Worldwide Engineering, Inc.
217 Ward Circle
Brentwood, TN 37027-2314
(615) 661-7979 Fax: (615) 661-0644
www.trcww.com

WORLDWIDE ENGINEERING

September 24, 2009

City of Aurora Building Department
15151 E. Alameda Parkway
2nd Floor, Permit Center
Aurora, CO 80012

Re: Structural Compliance Letter from the EOR
Medical Center of Aurora Cath Lab Expansion
1501 S. Potomac St.; Aurora, CO
Permit No.: 2009-387421-000-00 LT

To whom It May Concern:

TRC Worldwide Engineering, Inc.(TRC) was the Structural Engineer of Record (EOR) for the above-referenced project.

To the best of our knowledge and belief, and after our review of the test reports generated by the Testing Agency. CTL/Thompson, Inc. (Compaction Test Reports, Drilled/Epoxied Anchor Installation Reports, Concrete Compressive Strength Test Reports and the Weld/Bolt Inspection Reports), the structure for the MCoA Cath Lab installation was constructed in a manner consistent with the structural drawings produced by this office.

TRC Worldwide Engineering is appreciative of the opportunity to be of service to the City of Aurora, HCA Healthcare and Perkins+Will Architects regarding this project. Please contact us should you have any questions or comments regarding and structural issues for this facility.

Sincerely
TRC Worldwide Engineering, Inc.

Surendra Ramana, P.E., S.E.
President & CEO

COLORADO REGISTERED
SURENDRA RAMANNA
30354
PROFESSIONAL ENGINEER

MEDICAL AIR TESTING & SERVICES, INC.

1370 Harlan Street
Lakewood, CO 80214
Phone: 303-279-2491
Fax: 303-279-7132
1-800-863-3247
www.medairtesting.com

MEDICAL GAS SYSTEMS NFPA 99, 2005 JOBSITE VISIT AND AFFIDAVIT FORM

Facility: MEDICAL CENTER OF AURORA (SOUTH CAMPUS)

Address: AURORA, CO.

Job Description: NEW INSTALLATION OF O_2, M.A, N_2O, N_2, VAC, WAGD SYSTEMS IN CATH LABS.

Contractor: DESIGN MECH. Date: 09-25-09

JOHN D. VONFELDT of Medical Air Testing & Services, Inc. has tested the following equipment for proper operation per NFPA 99, 2005 Edition.

13	Oxygen Outlets	2	Nitrous Oxide Outlets	0	Master Alarm Panels	0	Vacuum Pump Systems
23	Vacuum Inlets	0	Carbon Dioxide Outlets	15	Zone Valves	0	Air Compressor Systems
11	Medical Air Outlets	2	WAGD Inlets	0	Manifolds		
2	Nitrogen Outlets	3	Area Alarm Panels	0	Bulk Gas Fields	Other:	

Comments: VERIFICATION COMPLETED PER NFPA 99, 2005 EDITION STANDARDS W/ EXCEPTION OF 1 PREP/RECOVERY ZONE VALVES ARE LOCATED WITHIN ZONE OF OUTLETS SERVED, INTERVENING FIREWALL NOT PRESENT. APPROVED BY FACILITY STAFF AND LOCAL INSPECTOR. READY FOR PATIENT USE.

NFPA 99 requires several items to be recognized prior to a medical gas system modification, replacement, remodel, addition to, or new installation that will be placed into service for patient use. Since a representative from our company was not present during the installation, it is necessary to have the installer's authorized agent complete and sign the following affidavit:

The following standards have been completed to satisfy the minimum requirements set forth by NFPA 99, 2005 edition for medical gas system pipeline installations, unless otherwise noted:

☑	The contractor / installer completed the initial systems blow down	NFPA 99, 5.1.12.2.2
☑	The contractor / installer completed the initial pressure test (150 PSI / press, 60 PSI / VAC)	NFPA 99, 5.1.12.2.3
☑	The contractor / installer completed the cross connection test	NFPA 99, 5.1.12.2.4
☑	The contractor / installer completed the piping purge	NFPA 99, 5.1.12.2.5
☑	The contractor / installer completed the 24 hour standing pressure test	NFPA 99, 5.1.12.2.6
☑	The contractor / installer completed the vacuum system testing	NFPA 99, 5.1.12.2.7

I, the undersigned, do hereby declare the following facts regarding the medical gas systems as installed, replaced, remodeled, or modified that are currently being verified at the above named facility have met or exceeded the minimum requirements as outlined in NFPA 99, 2005 edition as outlined below:

☑	The contractor / installer used required materials and practiced compliant storage / handling techniques	NFPA 99, 5.1.10
☑	The contractor / installer maintains required brazer / installer qualification credentials	NFPA 99, 5.1.10.6.11
☑	The contractor / installer used required techniques for pipeline component preparation and installation	NFPA 99, 5.1.10.6.2
☑	The contractor / installer properly labeled all required components of the medical gas system	NFPA 99, 5.1.11

System was verified for compliance to NFPA 99, (2005) 5.1.12.3; LEVEL 1 X LEVEL 2 _____ LEVEL 3 _____ OTHER _____

3.3.90 LEVEL 1 Medical Piped Gas and Vacuum Systems. Systems serving occupancies where interruption of the piped medical gas and vacuum system would place patients in imminent danger of morbidity or mortality. (PIP)

3.3.92 LEVEL 2 Medical Piped Gas and Vacuum Systems. Systems serving occupancies where interruption of the piped medical gas and vacuum system would place patients at manageable risk of morbidity or mortality. (PIP)

3.3.94 LEVEL 3 Medical Piped Gas and Vacuum Systems. Systems serving occupancies where interruption of the piped medical gas would terminate procedures but would not place patients at risk of morbidity or mortality. (PIP)

X **Meets the minimum NFPA Healthcare Facilities Standard to which the facility was tested.**

_____ **Does not meet the minimum NFPA Healthcare Facilities Standard to which the facility was tested, unless accepted by the Authority Having Jurisdiction (Note: NFPA 99 (2005) 5.1.1.4 states that "An existing system that is not in strict compliance with the provisions of the standard shall be permitted to be continued in use as long as the authority having jurisdiction has determined that such use does not constitute a distinct hazard to life.")**

Please contact us for retesting if required. The interruption of any medical gas shall be the sole responsibility of the Hospital. It is the responsibility of the hospital to inform all personnel of the status of the system. This system was installed in complete accordance to NFPA 99, 2005 by:

[signature]	Installer	ASSE 6010 Installer # 1340699	Not Available	☒
_____	Facility Authorized Representative	Position / Job Title _____	Not Available	☐
[signature]	Medical Air Testing & Services, Inc.	ASSE 6030 Verifier # 27151	Not Available	☐