# Building Permit Application

**Permit Center ~15151 E Alameda Pkwy ~ Aurora, CO 80012~ (303) 739-7420**

Project Address: 1444 So. Potomac St. Unit # UNIT 300 3rd Floor Zip code: 80012

Project Name: Healthone occupational medical clinic

Contractor Company Name: Empire Fire & Safety, Phone: (303) 451-0975 Fax: (303) 920-9248

**Contact Person:** Dave Walker Email: empirefiresafety@msn.com

Phone: (303) 217-1438 Fax:

Online Services now offers email updates of correction items found during plan review as well as email updates for all inspections during the construction phase of your project. If you are interested in receiving these emails please provide your email address. NOTE: Set your email filter to accept emails from "AmandaSystem".

Plan Corrections - Email address: empirefiresafety@msn.com

Inspection Corrections – Email address: "

Architect and/or Engineer Contact information for correction items:

Architect or Engineer name: N/A Email:

Phone # Fax:

Owner:(Required for CO) only: Medical Center of Aurora

Owner address: 1444 So. Potomac St. Valuation / FDA:$ 320.00

Email:

Materials Cost: $ 0

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.

Architect or Engineer Name: Email:

**DESCRIBE THE WORK YOU WILL BE DOING:** Raising (3) sprinklers 2" to accomadate new ceiling height. Will be using same sprinklers. 3rd Floor - north hallway

M. DEAN: NO PLANS - ONLY REQUIRES FIELD INSPECTION

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: Dave Walker Signature: Dave Walker Date: 3/5/13

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.

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

◆◆◆◆ THIS SPACE FOR OFFICE USE ONLY ◆◆◆◆

**Fee Determination Assessment: $**_____

Change of occupancy/use: Y ☐ N ☒

| REVIEWS | | INSPECTIONS | |
|---|---|---|---|
| ☐ | Structural | ☐ | Structural |
| ☐ | Mechanical | ☐ | Mechanical |
| ☐ | Plumbing | ☐ | Plumbing |
| ☐ | Electrical | ☐ | Electrical |
| ☐ | Fire Life Safety | ☒ | Life Safety |
| ☐ | Bldg Life Safety | ☐ | Gate/Haz. |

Intake Date: 3/5/13 PE Initial M.D.

Balance Due:

Pre approval Initial

Zoning ☐

Water ☐

Exterior changes? ☐ Yes ☐ No

Homeowner verified ☐ Yes

Permit Type: CT

Mid roof / Ave Bldg Height:

Parent Permit RSN: 697386

Plans Examiner: M. DEAN

Subtype: F. SPRINKLER

RSN: 703648

Plans Picked up by:
Company name:
Phone number: