BUILDING PERMIT

City of Aurora, Colorado

No.: 2007-171024-000-00 CT
Date: January 31, 2007

Demolition Permit

Address of Job: 1501 S POTOMAC ST
Contractor: BELAIR EXCAVATING
License No.:
Work: DEMO - ONE STORY PARKING STRUCTURE - NORTH SIDE

Conditions:

Inspections: Structural

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:		Occupancy Group:	
Plan Location:		C of O Required	
Contract Amount:	**$0.00**	Taxable Amount:	**$0.00**

FEES PAID:

Demolition Fee	$35.00
TOTAL FEES:	*$35.00*

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.

Validation:

_____
Permittee

45241

CITY OF AURORA BUILDING PERMIT INFORMATION

Project Address: 1501 ~~1601~~ S Potomac
Zip Code:
Project Name: Aurora Medical Center
Contact Name: Wyoma Martinez
Email Address: Wyomamartinez@Belair Excavating.com
Owner: SE Dunn
Address:
Email Address:
Contractor: Belair
Email Address:

Unit #:
Contract Price: 89,000
(includes sprinkler and alarm?) ☐Y ☐N
Phone: 303-394-1300
Fax: 303-394-1301
Homeowner verification:
Phone:
Fax:
Contractor License:
Phone:

DESCRIBE THE WORK YOU WILL BE DOING

Demo of a 1 story Parking Structure
North Side

Please check boxes by the items that apply to this job. Please complete all applicable spaces.
INDICATE BY (N) FOR NEW AND (E) FOR EXISTING, FOR ALL ITEMS CHECKED BELOW

MECHANICAL

- ☐ Gas Log BTU's ____ # ____ (____)
- ☐ Hood type/CFM ____ (____)
- ☐ Hot Tub (____)
- ☐ Gas Range/Oven/Cooktop BTU ____ (____)
- ☐ Gas Fireplace BTU's ____ # ____ (____)
- ☐ Heating Type ____ BTU's ____ # ____ (____)
- ☐ A/C/Cooler CFM/Ton ____ (____)
- ☐ Misc. ____ (____)

PLUMBING

- ☐ Shower # ____ (____)
- ☐ Kitchen Sink # ____ (____)
- ☐ Water Heater BTU's ____ # ____ (____)
- ☐ Floor Drain # ____ ☐ Urinals' ____ (____)
- ☐ Lavatory # ____ (____)
- ☐ Bathtub # ____ (____)
- ☐ Water Closet # ____ (____)
- ☐ Misc. ____ (____)

ELECTRICAL

- ☐ A/C or Cooler Elec. Amp. ____ (____)
- ☐ Elec. Service Chg. Amp. ____ (____)
- ☐ Hot Tub (____)
- ☐ Electrical Circuit #/AMP ____ (____)
- ☐ Construction Meter (____)
- ☐ Misc. ____ (____)

LIFE SAFETY

- ☐ Fire Alarm System (____)
- ☐ Fire Alarm Points (____)
- ☐ Storage (Fuel) Tank(s) Sizes ____ (____)
- ☐ Medical Gas ____ (____)
- ☐ Fire Sprinkler Type ____ (____)
- ☐ Hood Suppression Type ____ (____)
- ☐ Fire Extinguishers (____)
- ☐ Misc. (circle)(Fire Lane, Knox Box) (____)

THIS SPACE FOR OFFICE USE ONLY

REVIEWS
- ☐ Structural
- ☐ Mechanical
- ☐ Plumbing
- ☐ Electrical
- ☐ Life Safety

INSPECTIONS
- ☐ Structural
- ☐ Mechanical
- ☐ Plumbing
- ☐ Electrical
- ☐ Life Safety (per above)

Parent Permit #:
Parent RSN:
Parent Location:
Permit Type:
Sub Type:
Plans Examiner:

Permit Number: 07-171024
In Date:

Permit Total $35.00
Plan Location:
RSN: 249891

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.