City of Aurora
PLANNING DEPARTMENT
303-739-7347

3/17/09 Mah
3/16/09

SIGN PERMIT

ADDRESS OF JOB: 1501 S. Potomac St. | DATE: ~~2/26/09~~

LEGAL DESCRIPTON | LOT 1 | BLOCK 1 | SUBDIVISION: Medical Center Sub 1st Flg

OWNER
NAME: Columbia Healthone LLC | PHONE: 770-203-9292
ADDRESS: PO Box 1504 (Street) Nashville (City) TN (State) 37202 (Zip)

CONTRACTOR
NAME: DaVinci Sign Systems Inc. | PHONE:
ADDRESS: 4496 Bents Dr. (Street) Windsor (City) CO (State) 80550 (Zip)
Supervisor for this Job: Jeff Everhart | License No.: 193668-00C

TYPE OF SIGN		FEATURES OF PROPOSED SIGN	YES	NO
GROUND SIGN	X	WILL BE ILLUMINATED	X	☐
WALL SIGN	☐	If yes, is light source concealed	X	☐
WINDOW SIGN	☐	(SEPARATE ELECTRICAL PERMIT REQUIRED FOR ILLUMINATED SIGNS)		
OFF-SITE SIGN	☐	NUMBER OF FACES ON SIGN: 2		
DIRECTIONAL SIGN	☐	TOTAL AREA OF SIGN, ALL SIDES: ~~81.33~~ 149.22 SQ. FT.		
OTHER	☐	HEIGHT OF SIGN FROM GRADE: 8' FT.		

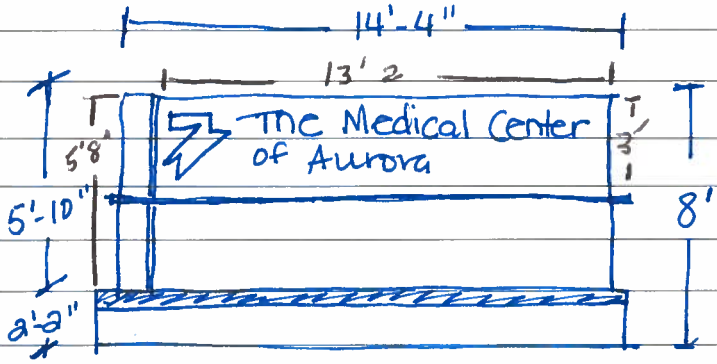
EXISTING SIGNS
NUMBER OF EXISTING SIGNS: 0
TOTAL SQUARE FOOTAGE OF EXISTING SIGNS:
BUILDING FRONTAGE: 231 FT.

TEMPORARY SIGN PERMIT EXPIRES ONE YEAR FROM DATE OF APPROVAL | Expires:

THIS PERMIT AUTHORIZES THE WORK DESCRIBED WHEN SIGNED BY CITY OFFICIALS AND VALIDATED

REMARKS: Install (1) single face, internally illuminated ID sign.

USE ZONE: PD/Hosp.



AGENCY	AUTHORIZED BY	DATE
ZONING	LR	3/24/09
TRAFFIC ENGINEERING		
CONTRACT PRICE	$ 19,679.00	
PERMIT FEE	$ 787.14	
TAX PAID	$	
TOTAL	$ 787.16	
APPROVED BY	LR	DATE 3/24/09

per approved site plan

PERMIT # 20-09-385950

ROW # 457006

THIS FORM IS A PERMIT ONLY WHEN VALIDATED HERE

CITY OF AURORA COLORADO
2009 APR -8 AM 11:23

NOTES TO APPLICANT:

FOR INFORMATION CALL 303-739-7347

FOR ALL WORK DONE UNDER THIS PERMIT, THE PERMITTEE ACCEPTS FULL RESPONSIBILITY FOR COMPLIANCE WITH THE AURORA SIGN CODE AND ALL OTHER APPLICABLE AURORA ORDINANCES.

Signature of Applicant: Virginia Elgin

CITY'S COPY - White | CUSTOMER'S COPY - Yellow

'09 MAR 16 4:16

Covault Printing Company 303-632-7265

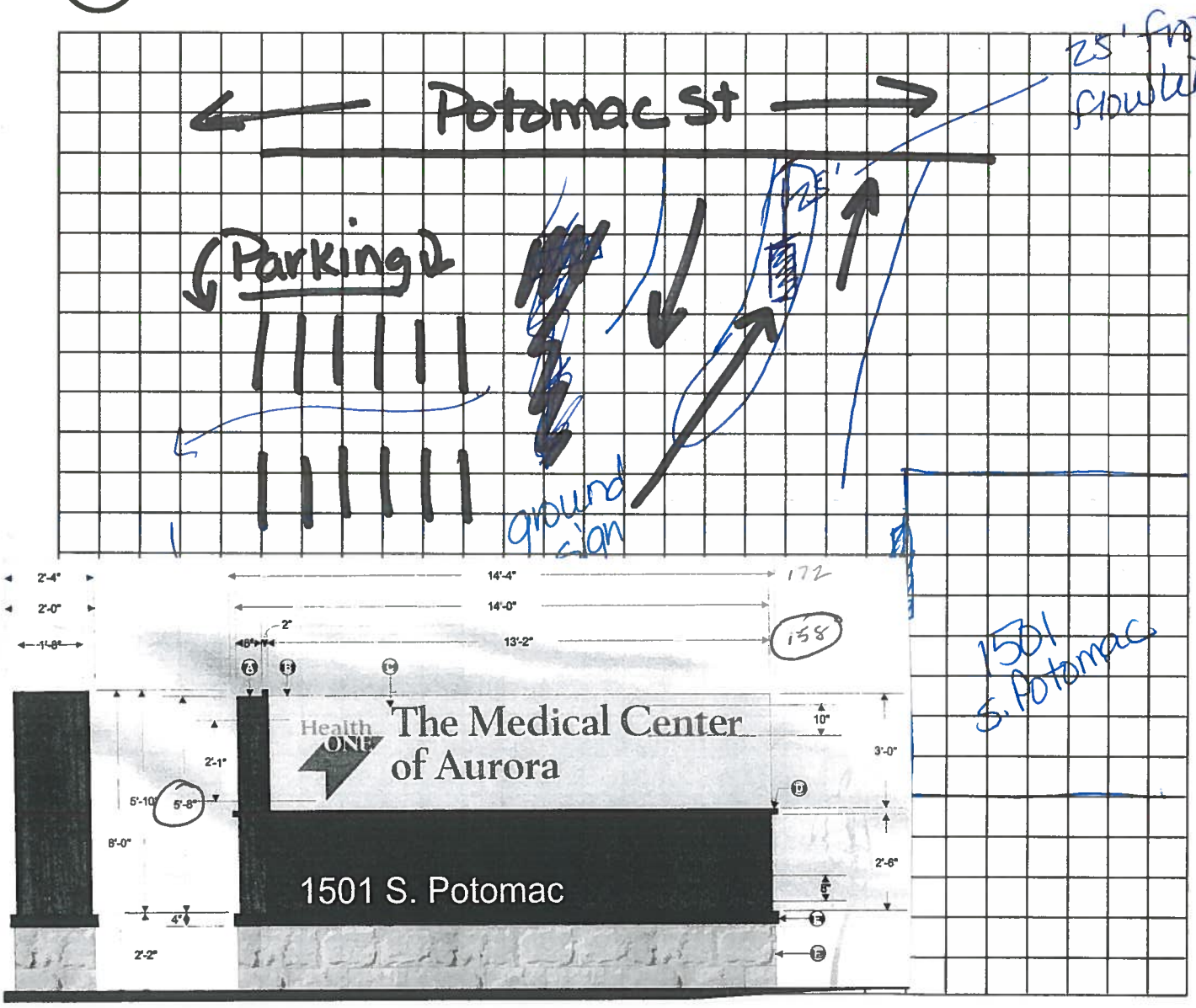
CITY OF AURORA
PLOT PLAN

ADDRESS 1501 S. Potomac St.

LEGAL DESCRIPTION LOT 1 BLK 1 SUBDIVISION Medical Center Sub. 1st FLG

NOTE: INDICATE THE FOLLOWING INFORMATION: STREETS, ALLEYS AND/OR EASEMENTS; FRONT, REAR AND SIDE YARD SETBACKS
INDICATE EXISTING STRUCTURING WITH SOLID LINE _____
INDICATE PROPOSED STRUCTURES WITH CROSSHATCHED LINE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

INDICATE NORTH IN CIRCLE WITH AN ARROW



CITY'S COPY - White

CUSTOMER'S COPY - Yellow

Columbia HealthOne LLC
Name(s) of Owner(s) of Site & Structure(s) (Print)

Virginia Elgin
Signature of Owner(s) or Authorized Representative

DO NOT WRITE BELOW THIS LINE

ZONE PD/Hosp. APPROVED AS NOTED LR DATE 3/24/09

Covault Printing Company