BUILDING PERMIT

City of Aurora, Colorado

511473

No.: 2009-443746-000-00 LT

Date: January 12, 2010

Address of Job: 1501 S POTOMAC ST

Contractor: JE DUNN CONSTRUCTION COMPANY

License No.:

Work: EXIT CORRIDOR FROM CATH LAB #4.

Conditions: CATH LAB #4 AND MAIN SCOPE OF WORK IS IN 1455 S. POTOMAC ST. SEE RSN-511471

Inspections: Mechanical Electrical ~~Plumbing~~ N/A Structural Miscellaneous

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. Record passed inspections on the reverse of this card.

Construction Type:	**IBC TYPE IA-SPK**	Occupancy Group:	**IBC I-2**
Plan Location:	**SCANNED 12/22/09**	C of O Required	
Contract Amount:	**$20,000.00**	Taxable Amount:	**$10,000.00**

FEES PAID:

Permit Fee	$349.50
Plan Fee	$349.50
Bldg. Use Tax	$375.00
Arap. County Open Space Bld Us	$23.75
Arap. County Transactional Fee	$1.25
TOTAL FEES:	***$1,099.00***

CITY OF AURORA COLORADO 2010 JAN 12 PM 2:51

PAID

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.

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 VALIDATED 2010 JAN 12 PM 2:51

Validation:

Permittee

City of Aurora, Colorado

ADDRESS: 1501 S Potomac St # **PERMIT NUMBER:** 09-443746-17

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		
✓ Rough Plumbing		
Final Plumbing		
Concrete Encased Ground		
✓ Rough Electrical		
Electrical Service		
Final Electrical	3-13-10	
Gas Pipe		
✓ Rough HVAC	3/10/10	
Final HVAC	3/11/10	BJ
Footing Caisson Engineer's Letter		
Concrete Reinforcing Engineer's Letter		
Foundation Waterproofing Survey		
Structural Floor		
Roof/Pre-Roof		
✓ Rough Frame	2-16-10	EB
Insulation		
Gypboard	2-16-10	EB
Final Frame	3-15-10	EB

Life Safety: Sprinkler System _____ Fire Alarm _____
Fire Extinguisher _____ Exit Lights _____
Fire Lanes _____ 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

STRUCTURAL INSPECTIONS

2-16-10 - Remainder of Rough Framing - OK EB

ELECTRICAL INSPECTIONS

2-16-10 - electrical wall rough for Cath Lab 1+2 - OK EB

MECHANICAL INSPECTIONS

PLUMBING INSPECTIONS

2/22/10 Water Line 60% Gas Line ok ~~[illegible]~~ - Above Ceiling Cell Lab [illegible]

3/8/10 Balance of WP - Complete Phase I Hot & RETURN [illegible]

LIFE SAFETY INSPECTIONS

3/13/10 Fire Extinguishers + Exit/Em Lights Phase I - OK AW

MISCELLANEOUS

Permit Application: BUILDING~FENCE~ SIGN

Building Division ~15151 E Alameda Pkwy ~ Aurora, CO 80012~ (303) 739-7420

Project Address: 1501 SOUTH POTOMAC ST Unit # Zip code: 80012

Project Name/Subdivision: MCOA - CATH LAB #4 RENOVATION

Contractor: JE DUNN CONSTRUCTION Phone: 303-691-7667 Fax:

Contact Person: MIKE HENNEY Email: MIKE.HENNEY@JEDUNN.COM

Phone: Fax:

Owner:(Required for CO) THE MEDICAL CENTER OF AURORA

Owner address: 1501 SOUTH POTOMAC Valuation / FDA:$ 20,000 Pm

Email:

REQUIRED FOR PROJECTS USING AN ARCHITECT and/or ENGINEER:

Architect or Engineer Name: JOHN MENNENOP @ PERKINS+WILL Email: john.nap@perkinswill.com

Phone #: 720-685-1065 Fax #: 214-283-8701

DESCRIBE THE WORK YOU WILL BE DOING: * RENOVATION OF AN EXISTING CATH LAB.

SIGN PERMIT: Sign review will establish allowables. Use description above for additional information.

Monument sign? ☐Y ☐N Is height from grade more than 6': ☐Y ☐N

Electrician: (Required for any illuminated sign) Any existing waivers ☐Y ☐N If yes provide copy

FENCE PERMIT: Style/Type: * Describe work above ☐ Corner lot ☐ Interior lot Use Zone:

Height in. Greater than 50% open: ☐ Less than 50% open: ☐ Post size: ☐ x ☐ Post spacing:

NEW HOME CONSTRUCTION ONLY:

Model #: Elevation: Foundation Type: Basement Type: Unfinished:

Number of Deck(s): Covered: Uncovered: Size of Deck (s): Concrete Patio(s):

Covered: Uncovered: Size of Patio Cover: GFA – Qty: BTU's: /

Gas range/BBQ/oven/cook top: BTU's Qty AC/Cooler/CFM/Ton: Fireplace(qty):

BTU's: / Misc: Shower #: Lavatory #: Bathtub #: Water Closet #:

Water heater type: BTU'S: # Electrical Svc AMP: Other:

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.

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

Fee Determination Assessment: $ 20,000.00

Change of occupancy/use: Y ☐ N ☐

REVIEWS		INSPECTIONS	
☐	Sign		
☒	Structural	☒	Structural
☒	Mechanical	☒	Mechanical
☒	Plumbing	☒	Plumbing
☒	Electrical	☒	Electrical
☒	Life Safety	☒	Life Safety

Intake Date: 12/10/09

Water pre-approval:

Zoning pre-approval:

Parent Permit RSN:

Parent Plan Location

Permit Type: LT

Sub Type: Non Res. Misc

Plans Examiner: PM/JC

Verify Homeowner:

RSN: 511473

Permit #: 09-443746 LT.

Balance Due: $

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

Print Name: Signature: Date: