Building Permit Application

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

Project Address: 1444 S. POTOMAC ST Unit # 300 Zip code: 80012
Project Name: ADCA DIAGNOSTICS
Contractor Company Name: BRENT FLEETWOOD CONSTRUCTION Phone: 303-210-3851 Fax: 303-467-3925
Contact Person: BRENT FLEETWOOD Email: BFC.BRENT@COMCAST.NET
Phone: 303-210-3851 Fax: 303-467-3925

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:
Inspection Corrections – Email address: BFC.BRENT@COMCAST.NET
Architect and/or Engineer Contact information for correction items:

Architect or Engineer name: TOM HECKER Email: THOMAS.HECKER@HEALTHOUECARES.COM
Phone # 303-338-7869 Fax:
Owner: (Required for CO) only: THE MEDICAL CENTER OF AURORA
Owner address: 1501 S. POTOMAC Valuation / FDA: $ 80250.00
Email:
Materials Cost: $

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: TOM THOMPSON ARCH Email: TOM THOMPSONARCHITECT@GMAIL.COM

DESCRIBE THE WORK YOU WILL BE DOING:

TENANT FINISH 3rd floor
UPGRADING SEPERATION WALLS TO 2HOUR PER STATE REQUIREMENT
MISC UPGRADES, 2 ADDITIONAL SINKS

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: X BRENT FLEETWOOD Signature: X Date: X 1/17/13

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: $ 80,250.00

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: 1/17/13 PE Initial: PM
Balance Due: 2616.20

Pre approval Initial
Zoning LR ☐ No Referrals Needed
Water ☒ 990
Exterior changes? ☐ Yes ☐ No
Homeowner verified ☐ Yes
Permit Type: LT.
Mid roof / Ave Bldg Height:
Parent Permit RSN:
Plans Examiner: PM
Subtype: TI
RSN: 697386

Plans Picked up by: BRENT FLEETWOOD
Company name: BFC INC
Phone number: 303-210-3851

13-640626 LT

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