ROW ID: 108129

CITY OF AURORA BUILDING PERMIT & PLOT PLAN APPROVAL

Address of Job 1400 S. Potomac #110				**Date** 3/28/03	
Legal Description Lot 1	Block 1	Subdivision EAST BY SOUTHEAST		Filing 4	
PROPOSED USE OF STRUCTURE medical office					
CLASS OF WORK: tenant finish					
If Residential, Model # & Elevation					
AREA AT GRADE (SF)	GARAGE SINGLE ☐ THREE ☐ DOUBLE ☐	NO. OF STORIES	TOTAL UNITS	OCCUPANCY GROUP & DIV	SITE PLAN # & NAME 1981-6056
TOT. BLDG. (SF):	BASEMENT FIN. ☐ UNFIN. ☐	HEIGHT (FEET)	USE ZONE M-1	TYPE CONSTR.	
OWNER/DEVELOPER:				**PHONE NUMBER:**	
REPRESENTATIVE:				**PHONE NUMBER:**	
CONTRACTOR:				**PHONE NUMBER:**	

DEPT./DIV.	AUTHORIZED BY (initials)	DATE	DEPT./DIV.	AUTHORIZED BY (initials)	DATE
Zoning SF			Right of Way		
Remarks LDN ☐ yes ☐ no _____ E-470 Corridor ☐ yes ☐ no _____ Township/Range/Section/Qtr. Section: _____ No exterior work			Remarks		
			Water	KP	4/22/03
			Remarks No fees due		
Engineering			Wastewater		
Remarks			Remarks		
Traffic			Forestry		
Remarks			Remarks		
Life Safety			Plans Exam	MKH	04/23/03
Remarks			Remarks		

I/We certify that no use will be operated on the land or in the structure(s) identified above except the use(s) set forth above unless anew certificate of occupancy is obtained, the uses will be operated in compliance with the regulations contained in the Aurora City Code.

Name(s) of Owner(s) of Site & Structure(s) (print)

Signature of Owner(s) or Authorized Representative

Form No. 820-50 (1/02)

CITY OF AURORA BUILDING PERMIT INFORMATION

(Does this include sprinkler system?) ☒ Y ☐ N

108129

Project address 1400 S. Potomac
Project name: Critical Care & Pulmanary Consul
Homeowner Name(s)

Unit # 110
Contract Price 31,304.00 IC
Phone 23504.00 okd by tc
Fax

Contractor NLB CORP.
Contact Name Neal Bower

Contractor License 2002-138429 00 CL
Phone # 303-337-8880
Fax 303-337-8881

Owner Trammell Crow Co.
Address 830 Potomac Cir. #230 Aurora

Phone # 303-360-3178
Fax 303-360-3014

DESCRIBE THE WORK YOU WILL BE DOING

Medical office - tenant finish
demolition, drywall, electrical plumbing HVAC, paint, carpet (-7,800.00)
existing rooms, one offices

Deleted for Comm Art. 51

PLANS RECEIVED BY:

Neal Bower

DATE: 4/23/03

Please check boxes by the items that apply to this job. Please complete all applicable spaces.

☒ HVAC ☒ Plumbing ☒ Electrical ☒ Life Safety ☐ Building ☐ Includes Fire Sprinkler system

INDICATE BY (N) FOR NEW AND (E) FOR EXISTING, FOR ALL ITEMS CHECKED BELOW

PLUMBING

☐	Shower #	(____)	☐	Lavatory #	(____)		
☒	Kitchen Sink #	(____)	☐	Swimming Pool	(____)		
☐	Water Heater____,000/BTU	(____)	☐	Urinal #	(____)		
☐	Bathtub #	(____)	☐	Hot Tub	(____)		
☐	Water Closet#	(____)	☐	Lawn Sprinkler Heads #	(____)		
☐	Floor Drain #		☐	Misc.	(____)		

LIFE SAFETY

☒	Fire Alarm System	(____)	☐	Fire Sprinkler Type	(____)		
☐	Fire Alarm Points	(____)	☐	Hood Suppression Type	(____)		
☐	Storage Tank(s) Sizes	(____)	☐	Fire Extinguishers	(____)		
☐	Medical Gas	(____)	☐	Misc	(____)		

ELECTRICAL

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

MECHANICAL

☐	Gas Log _____BTU's____#	(____)	☐	Gas Fireplace_____ BTU's ____#	(____)		
☐	Hood type/CFM	(____)	☐	Heating Type_____BTU's ____#	(____)		
☐	Hot Tub	(____)	☐	A/C or Cooler CFM/Ton	(____)		
☐	Gas Range/Oven/Cooktop #		☐	Misc			

THIS SPACE FOR OFFICE USE ONLY

F:\shared\bldg\bldg\forms\permit information.doc

REVIEWS

- ☑ Mechanical
- ☑ Plumbing
- ☑ Electrical ok to Submit DLH 4-22-03
- ☐ Structural
- ☑ Life Safety

INSPECTIONS

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

Plan Location 1-P
Permit Number
Permit Type TF
Sub Type Non-residential MISC,
Plans Examiner Jim Comer

Permit Total $ 817.95 Date: 4-22-03

RSN 108129

RSN #: 108129

BUILDING PERMIT

City of Aurora, Colorado

No.: 2003-101575-000-00 TF

Date: April 25, 2003

Tenant Finish

EXPIRED PERMIT

Address of Job: 1400 S POTOMAC ST Unit 110

Contractor: NLB CORP

License No.: A18243

Work: MEDICAL OFFICE - TENANT FINISH (WORK TO INCLUDE: DEMO., DRYWALL, ELECT., PLBG., HVAC,

Conditions:

Inspections: Mechanical Electrical Plumbing 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:	Type II-N - SPK	Occupancy Group:	B
Plan Location:	1-P	C of O Required	
Contract Amount:	$23,504.00	Taxable Amount:	$11,752.00

FEES 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.

Validation:

Permittee