* NEED G.C.

City of Aurora Public Works Department

BUILDING PERMIT APPLICATION

Building Division • 15151 E. Alameda Parkway, Ste 2400 • Aurora, CO 80012 • 303-739-7420 • Fax: 303-739-7412
Email: **permitcounter@auroragov.org**

Project Address 1444 S Potomac			**Unit #** 360
Project Name: CARDIOTHORACIC SURGERY ASSOCIATES			
Contractor Company Name TBD		**Phone**	**Fax**
Contact Person EMILY ZABEL		**Phone** 303·689·1532	
Email EZABEL@WAREMALCOMB.COM			**Fax**
Architect and/or Engineer Contact information for correction items WARE MALCOMB			
Architect or Engineer name EMILY ZABEL		**Email** ezabel@waremalcomb.com.	
Phone 303-689-1532		**Fax**	
Owner (Required for Certificate of Occupancy) only Aurora MCP, LLC			
Owner address 1421 S. Potomac, Suite 240 Aurora, CO 80012			
Email			
Valuation / FDA:$ $340,000		**Materials Cost: $** $135,080	

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.

Describe The Work You Will Be Doing: 1ST GENERATION MEDICAL OFFICE TI BUILDOUT

* needs Licensed G.C.*

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 Emily Zabel **Signature** Emily Zabel **Date** 9/11/14

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: $ 340,000

Change of occupancy/use: ☐ Yes ☐ No

REVIEWS
- [x] Structural
- [x] Mechanical
- [x] Plumbing
- [x] Electrical
- [ ] Fire-Life Safety
- [x] Building Life Safety

INSPECTIONS
- [x] Structural
- [x] Mechanical
- [x] Plumbing
- [x] Electrical
- [x] Life Safety
- [ ] Gate/Hazard

Needs C.O. 1ST finish

Intake Date: 9/16/2014

Balance Due: $

PRE APPROVAL Initial LR ☑ Zoning ☐ Water

Exterior changes? ☐ Yes ☒ No

Homeowner verified: ☐ Yes ☐ No

Permit Type: [redacted] LT

Mid roof / Ave Bldg Height:

Parent Permit RSN: 161807

Plans Examiner: JS

Subtype: TI

RSN: 935006

Plans Picked Up By: Jason Hering

Company Name: Hitt Contracting

Phone Number 303-591-8667

14-884345