City of Aurora

PLANNING DEPARTMENT

303-739-7347

Sak 4/9/07

FENCE PERMIT

ADDRESS OF JOB: 1501 S. POTOMAC ST | DATE: 4-5-07

LEGAL DESCRIPTON | LOT | BLOCK | SUBDIVISION

OWNER
NAME: MEDICAL CENTER OF AURORA | PHONE: 303-695-2603
ADDRESS: 1501 S. POTOMAC ST (Street) | AURORA (City) | CO (State) | 80012 (Zip)

CONTRACTOR
NAME: SPLIT RAIL FENCE CO | PHONE: 303-791-1997
ADDRESS: 8065 BRANDON DR (Street) | LITTLETON (City) | CO (State) | 80125 (Zip)
Supervisor for this Job | License No.: 2006147413 00 CL

FENCE
Style or Type: 6' CEDAR TEMP CONSTRUCTION FENCE | Use Zone

- ☐ MORE THAN 50% OPEN
- ☒ LESS THAN 50% OPEN
- HEIGHT (INCHES): 72"
- ☒ CORNER LOT
- ☐ INTERIOR LOT
- POST SIZE: 4 x 4
- POST SPACING: 8 'O.C.

WHEN REVOCABLE LICENSE IS REQUIRED

Owner's Signature _____

AGENCY	AUTHORIZED BY	DATE
ZONING	SF	4-13-07
BUILDING DIVISION		
TRAFFIC ENGINEERING		

REMARKS: Fence must be 8' Back of walk

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

CONTRACT PRICE	$ 22190.00
PERMIT FEE	$ 363.25
TAX PAID	$ 443.80
TOTAL	$ 807.05

APPROVED BY: 4-13-07 DATE: SF

PERMIT# 20-07-177833

ROW # 256497

PERMIT EXPIRES 180 DAYS FROM DATE OF ISSUANCE

THIS FORM IS A PERMIT ONLY WHEN VALIDATED HERE

CITY OF AURORA COLORADO
07 APR 17 PM 3:10
PAID

AT LEAST 48 HOURS BEFORE YOU DIG, CALL THE UTILITY NOTIFICATION CENTER OF COLORADO (1-800-922-1987) FOR LOCATION OF UNDERGROUND MEMBER UTILITIES.

FIRE HYDRANTS MUST NOT BE OBSTRUCTED; 3 FEET CLEAR AT REAR, 5 FEET CLEAR EACH SIDE, AND TOTALLY CLEAR IN FRONT.

Signature of Applicant: Doug Schram

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

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

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'07 APR 9 9:58AM

CITY OF AURORA
PLOT PLAN

ADDRESS

LEGAL DESCRIPTI oogle Maps

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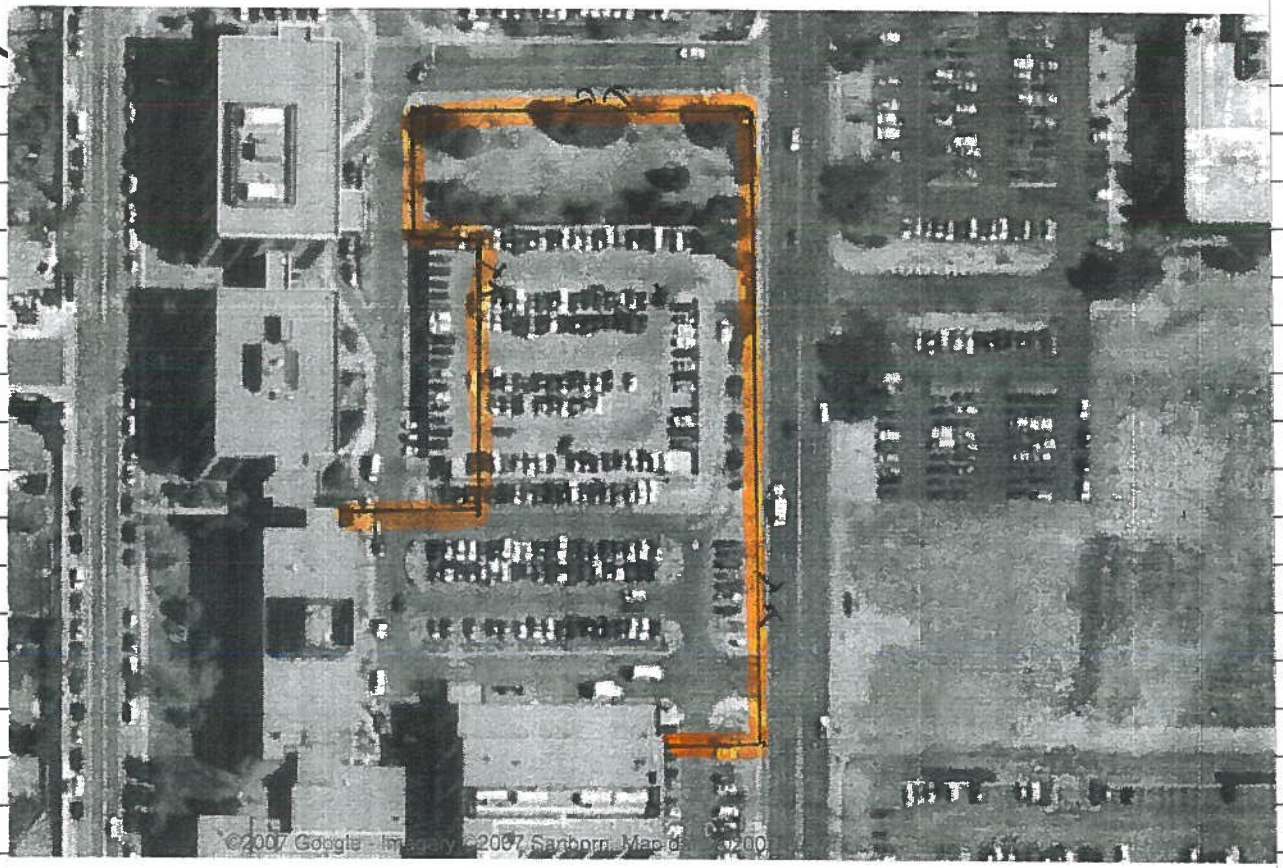
N ↑ Medical Center of Aurora
1501 S Potomac St

NOTE:

CKS

KK



1585± 6' Cedar Temp. Const Fence
1-34'DD Gates
2-24' DD Gates
1-10' DD Gate

Name(s) of Owner(s) of site & Structure(s) (Print)

Signature of Owner(s) or Authorized Representative

DO NOT WRITE BELOW THIS LINE

ZONE _____ APPROVED AS NOTED _____ DATE _____

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