

CITY OF AURORA BUILDING PERMIT INFORMATION

(Does valuation include sprinkler and fire alarm systems?) ☐ Y ☐ N

Project Address: 1411 South Potomac St

Unit #: 350

Zip Code: 80012

Project Name: PMC

Homeowner Name(s): _____

Contract Price: 800.00

Phone: 303-944-4980

Fax: 303-886-3810

Contractor License: 05-6645

Contractor: Quick Response Fire

Contact Name: Pam Burr

Phone: _____

Fax: _____

Owner: Matty Kaerner

Address: 5837 S. Lowell Blvd

Littleton CO 80123

Phone: _____

Fax: _____

DESCRIBE THE WORK YOU WILL BE DOING

Relocate 10 heads
install 1 new head

PLANS RECEIVED BY

COUNTER PERMIT

Print: Pam Burr

Sign: [Signature]

Date: 1-14-05

Tech Initials: _____

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

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

PLUMBING

- | | | | |
|---|-----|---|-----|
| <input type="checkbox"/> Shower # | () | <input type="checkbox"/> Lavatory # | () |
| <input type="checkbox"/> Kitchen Sink # | () | <input type="checkbox"/> Swimming Pool | () |
| <input type="checkbox"/> Water Heater _____,000/BTU | () | <input type="checkbox"/> Urinal # | () |
| <input type="checkbox"/> Bathtub # | () | <input type="checkbox"/> Hot Tub | () |
| <input type="checkbox"/> Water Closet# | () | <input type="checkbox"/> Lawn Sprinkler Heads # | () |
| <input type="checkbox"/> Floor Drain # | () | <input type="checkbox"/> Misc. | () |

LIFE SAFETY

- | | | | |
|--|-----|---|-----|
| <input type="checkbox"/> Fire Alarm System | () | <input checked="" type="checkbox"/> Fire Sprinkler Type | () |
| <input type="checkbox"/> Fire Alarm Points | () | <input type="checkbox"/> Hood Suppression Type | () |
| <input type="checkbox"/> Storage Tank(s) Sizes | () | <input type="checkbox"/> Fire Extinguishers | () |
| <input type="checkbox"/> Medical Gas | () | <input type="checkbox"/> Misc. | () |

ELECTRICAL

- | | | | |
|---|-----|---|-----|
| <input type="checkbox"/> A/C or Cooler Elec. Amp. | () | <input type="checkbox"/> Electrical Circuit #/AMP | () |
| <input type="checkbox"/> Elec. Service Chg. Amp. | () | <input type="checkbox"/> Construction Meter | () |
| <input type="checkbox"/> Hot Tub | () | <input type="checkbox"/> Misc. | () |

MECHANICAL

- | | | | |
|--|-----|--|-----|
| <input type="checkbox"/> Gas Log _____ BTU's _____ # | () | <input type="checkbox"/> Gas Fireplace _____ BTU's _____ # | () |
| <input type="checkbox"/> Hood type/CFM | () | <input type="checkbox"/> Heating Type _____ BTU's _____ # | () |
| <input type="checkbox"/> Hot Tub | () | <input type="checkbox"/> A/C or Cooler CFM/Ton | () |
| <input type="checkbox"/> Gas Range/Oven/Cooktop # | () | <input type="checkbox"/> Misc. | () |

THIS SPACE FOR OFFICE USE ONLY

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REVIEWS

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

INSPECTIONS

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

Plan Location: _____

Permit Number: _____

Permit Type: CT

Sub Type: FIRE SPRINKLER

Plans Examiner: M. DEAN

Permit Total \$ 48.65

Date: 1/13/05

RSN: 166566

BOARD OF APPEALS - The City of Aurora has created a Building Code and 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 thereunder 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.

RSN #: 1665db



BUILDING PERMIT

City of Aurora, Colorado

No.: 2005-101337-000-00 CT

Date: January 14, 2005

Life Safety Permit

Address of Job: 1411 S POTOMAC ST

Contractor: QUICK RESPONSE FIRE PROTECTION

License No.:

Work: RELOCATE 10 HEADS AND INSTALL 1 NEW

Conditions: OK FOR CT PER MD

Inspections: Plumbing Fire Sprinkler

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:

Occupancy Group:

Plan Location:

C of O Required

Contract Amount: \$800.00

Taxable Amount: \$400.00

FEES PAID:

| | |
|---------------------------------|----------------|
| Permit Fee | \$32.65 |
| Bldg. Use Tax | \$15.00 |
| A/P Clr Arap .25% Bld Use Tax | \$0.95 |
| Fees-Tax Collection Svcs-Arapah | \$0.05 |
| TOTAL FEES: | \$48.65 |

Notes to Applicant:

1. For information, call (303) 739-7420. 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:

Other fees may be due before a Certificate of Occupancy or Compliance can be issued. Utility fees are billed separately.

Permittee