



BUILDING PERMIT

City of Aurora, Colorado

RSN #: 59024

No.: 2001-108371-000-00 CT

Date: June 12, 2001

Mechanical Permit

Address of Job: 16786 E ILIFF AVE

Contractor: ALL TEMPERATURES CONTROLLED INC

License No.: A16756

Work: REPLACE EXISTING ROOF TOP UNIT

Conditions:

Inspections: Mechanical Electrical

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:

Plan Location:

Contract Amount: \$4,300.00

Occupancy Group:

C of O Required

Taxable Amount: \$2,150.00

FEES PAID:

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

CITY OF AURORA BUILDING PERMIT INFORMATION

PLEASE CHECK BOXES BY ITEMS WHICH APPLY TO JOB ON WHICH YOU ARE APPLYING FOR A PERMIT. IF A BOX IS CHECKED, PLEASE FILL OUT ANY BLANK SPACE ASSOCIATED WITH THE ITEM CHECKED. PLEASE COMPLETE ALL APPLICABLE SPACES ON THIS FORM AS IT WILL GREATLY AID IN OUR QUICK AND ACCURATE PROCESSING OF YOUR APPLICATION

Address of Job: 16786 E. LIFE AVE Contract Price: 4,300

Contractor Name (or Homeowner): ALL TEMPERATURES CONTROLLED INC.

Phone No: 303 473 6691 License No: A16756 Date: 8/01/01

DESCRIBE THE WORK YOU WILL BE DOING

REPLACE EXISTING ROOF TOP UNIT

59024

☐ Includes the Fire Sprinkler System

☒ HVAC ☐ PLUMBING ☐ ELECTRICAL ☐ LIFE SAFETY ☐ BUILDING

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

MECHANICAL

☐ A/C OR COOLER CFM/TON 3 1/2 TONS ☐ GAS LOG BTU'S _____ ()

☐ GAS PIPE SIZE-LENGTH _____ () ☐ GAS FIREPLACE BTU'S _____ ()

☐ HEATING TYPE _____ BTU'S _____ () ☐ HOOD TYPE/CFM _____ ()

LIFE SAFETY

☐ FIRE SPRINKLER TYPE _____ () ☐ FIRE ALARM POINTS _____ ()

☐ HOOD SUPPRESSION TYPE _____ () ☐ FIRE EXTINGUISHERS _____ ()

☐ STORAGE TANKS SIZES _____ () ☐ MEDICAL GAS _____ ()

ELECTRICAL

☐ A/C OR COOLER ELEC. AMP. _____ () ☐ ELEC. SERV. CHG. AMP. _____ ()

☐ ELECTRIC CIRCUIT #/AMP. _____ () ☐ CONSTRUCTION METER _____ ()

PLUMBING

☐ SHOWER # _____ () ☐ WATER CLOSET # _____ ()

☐ WATER HEATER BTU'S _____ () ☐ LAVATORY # _____ ()

☐ URINAL # _____ () ☐ KITCHEN SINK # _____ ()

☐ BATHTUB # _____ () ☐ SWIMMING POOL _____ ()

☐ LAWN SPRINKLER HEADS # _____ () ☐ FLOOR DRAIN # _____ ()

☐ HOT TUB _____ () ☐ MISCELLANEOUS _____ ()

THIS SPACE FOR OFFICE USE ONLY

TAXABLE AMOUNT _____ USE TAX AMOUNT _____ PERMIT AMOUNT _____ PERM# _____