



BUILDING PERMIT

City of Aurora, Colorado



519955

No.: 2010-452673-000-00 LT

Date: February 12, 2010

Life Safety Permit

Address of Job: 1411 S POTOMAC ST

Contractor: ALARM SPECIALISTS INC

License No.:

Work: FIRE ALARM

Conditions: UNIT 300**CORNERSTONE FAMILY PRACTICE

Inspections: Fire Alarm System

This permit has been issued for compliance using the Other Codes

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:	UBC Type II-F.R. -	Occupancy Group:	UBC B
Plan Location:	SCANNED 02/11/10	C of O Required	
Contract Amount:	\$3,000.00	Taxable Amount:	\$1,500.00

FEES PAID:

Permit Fee	\$93.00
Plan Fee	\$93.00
Bldg. Use Tax	\$56.25
Arap. County Open Space Bld Us:	\$3.56
Arap. County Transactional Fee	\$0.19
TOTAL FEES:	\$246.00

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.
3. Building Permits expire automatically after 180 days unless inspections are requested, or if the time between inspections exceeds 180 days. Requests to extend a permit must be made to the Chief Building Official in writing.

Validation:

Permittee

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

CITY OF AURORA
 2010 FEB 12 AM 9:41
 PAID

City of Aurora, Colorado

ADDRESS: 1411 S. Potomac St #300 PERMIT NUMBER: 2010-452673

ALL GENERAL AND SUB CONTRACTORS ARE REQUIRED TO BE LICENSED

TYPE OF CONTRACTOR	NAME	LICENSE NO.
General	_____	_____
Concrete	_____	_____
Waterproofing	_____	_____
Mason	_____	_____
Roofing	_____	_____
Lathing/Gypsum Board	_____	_____
HVAC	_____	_____
Electrical (State number)	_____	_____
Plumbing	_____	_____
Insulation	_____	_____
Fire Protection	_____	_____

NOTE: ✓ ROUGH INSPECTIONS MUST SHOW ON PLUMBING, ELECTRICAL & HVAC BEFORE ROUGH FRAME INSPECTION

Comments	Date	Initials
Under Ground Plumbing	_____	_____
✓ Rough Plumbing	_____	_____
Final Plumbing	_____	_____
<hr/>		
Concrete Encased Ground	_____	_____
✓ Rough Electrical Alarm	<u>2-16-10</u>	<u>EB</u>
Electrical Service	_____	_____
Final Electrical	_____	_____
Gas Pipe	_____	_____
✓ Rough HVAC	_____	_____
Final HVAC	_____	_____
<hr/>		
Footing	_____	_____
Caisson	_____	_____
Engineer's Letter	_____	_____
Concrete Reinforcing	_____	_____
Engineer's Letter	_____	_____
Foundation Waterproofing	_____	_____
Survey	_____	_____
Structural Floor	_____	_____
Roof/Pre-Roof	_____	_____
✓ Rough Frame	_____	_____
Insulation	_____	_____
Gypboard	_____	_____
Final Frame	_____	_____

Life Safety: Sprinkler System	_____	Fire Alarm	<u>FINAL 2/23/10 AW</u>
Fire Extinguisher	_____	Exit Lights	_____
Fire Lanes	_____	Misc.	_____
Engineering	_____	Zoning	_____
Grade	_____		

Public Improvement Inspections (303) 739-7350

Zoning Inspections (303) 739-7449

**FOR BUILDING INSPECTIONS CALL BEFORE 4:00 PM FOR NEXT DAY INSPECTION
(303) 739-7416 OR FAX TO (303) 739-7412**



Permit Application: BUILDING~FENCE~ SIGN

Building Division ~15151 E Alameda Pkwy ~ Aurora, CO 80012~ (303) 739-7420

Project Address: 1411 S Potomac ST Unit # 300 Zip code: _____

Project Name/Subdivision: Cornerstone Family Practice

Contractor: Alarm Specialists INC Phone: 303 986 5900 Fax: 866 974 9299

Contact Person: Larry Wells Email: lwells@AlarmSpec.com

Phone: 303 986 5900 Fax: 866 974 9299

Owner: (Required for CO)

Owner address: _____ Valuation / FDA: \$ 3000.00

Email: _____

REQUIRED FOR PROJECTS USING AN ARCHITECT and/or ENGINEER:

Architect or Engineer Name: _____ Email: _____

Phone #: _____ Fax #: _____

DESCRIBE THE WORK YOU WILL BE DOING: *

*Installing Fire alarm Devices Suite 300
Cornerstone Family Practice*

SIGN PERMIT: Sign review will establish allowables. Use description above for additional information.

Monument sign? Y N Is height from grade more than 6': Y N

Electrician: (Required for any illuminated sign) Any existing waivers Y N If yes provide copy

FENCE PERMIT: Style/Type: * Describe work above Corner lot Interior lot Use Zone:

Height _____ in. Greater than 50% open: Less than 50% open: Post size: x Post spacing: _____

NEW HOME CONSTRUCTION ONLY:

Model #: _____ Elevation: _____ Foundation Type: _____ Basement Type: _____ Unfinished: _____

Number of Deck(s): _____ Covered: _____ Uncovered: _____ Size of Deck (s): _____ Concrete Patio(s): _____

Covered: _____ Uncovered: _____ Size of Patio Cover: _____ GFA - Qty: _____ BTU's: _____ /

Gas range/BBQ/oven/cook top: _____ BTU's Qty _____ AC/Cooler/CFM/Ton: _____ Fireplace(qty): _____

BTU's: _____ / Misc: _____ Shower #: _____ Lavatory #: _____ Bathtub #: _____ Water Closet #: _____

Water heater type: _____ BTU'S: _____ # _____ Electrical Svc AMP: _____ Other: _____

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: \$ _____

Change of occupancy/use: Y N

REVIEWS

- Sign
- Structural
- Mechanical
- Plumbing
- Electrical
- Life Safety

INSPECTIONS

- Structural
- Mechanical
- Plumbing
- Electrical
- Life Safety

Intake Date: 2/5/10

Water pre-approval: _____

Zoning pre-approval: _____

Parent Permit RSN: 512578

Parent Plan Location _____

Permit Type: Limited

Sub Type: 4X Fire Alarm

Plans Examiner: JMP

Verify Homeowner: _____

RSN: 519955

Permit #: 10 452673

Balance Due: \$ 153.00

Sprinkler & Alarm permits must be brought in as separate submittals. "FDA" is NOT included in main permit.

Print Name: _____

Signature: _____

Date: _____