



BUILDING PERMIT

City of Aurora, Colorado



279243

No.: 2007-202573-000-00 CT

Date: October 12, 2007

Life Safety Permit

Address of Job: 1411 S POTOMAC ST

Contractor: METRO STATE FIRE INC

License No.:

Work: INSTALL 6 HEADS AND RELOCATE 5 HEADS

Conditions: UNIT 100

Inspections:

This permit has been issued for compliance using the

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: \$700.00	Taxable Amount: \$350.00

<u>FEES PAID:</u>	
Permit Fee	\$29.60
Bldg. Use Tax	\$13.13
Arap. County Open Space Bld U:	\$0.84
Arap. County Transactional Fee	\$0.04
TOTAL FEES:	\$43.61
Other fees may be due before a Certificate of Occupancy or Compliance can be issued. Utility fees are billed separately.	

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

BUILDING PERMIT APPLICATION



City of Aurora - Building Codes Division
 15151 E Alameda Pkwy, Permit Center 2nd Floor
 Aurora, CO 80012 (303) 739-7420
 www.auroragov.org/building

Project Address: 1411 South Potomac St Unit # 100 Zip code: 80012
 Subdivision/Project Name: Aurora Dialysis
 Contractor: Medica Staff Care Phone: 303-789-0016
 Email: _____ Fax: 303-789-1893
 Owner: hip
 Owner address: PO Box 150548, Lakewood CO 80215 Valuation: 700
 Email: _____

DESCRIBE THE WORK YOU WILL BE DOING

Install 6 heads of rebar 5 heads

THIS SECTION FOR NEW HOME CONSTRUCTION ONLY

Model #: _____ Elevation: _____ Foundation Type: _____
 Basement Type: _____ Unfinished: _____ Finished: _____ SF: _____
 Number of Deck(s): _____ Covered: _____ Uncovered: _____ Size of Deck (s): _____
 Concrete Patio(s): _____ Covered: _____ Uncovered: _____ Size of Patio Cover: _____

MECHANICAL

Heating type: _____ BTU's: _____ Qty: _____ Gas range/oven/cook top: _____ BTU's Qty: _____
 AC/Cooler/CFM/Ton: _____ Fireplace: _____ Misc: _____

PLUMBING

Shower #: _____ Lavatory #: _____ Bathtub #: _____ Water Closet #: _____
 Water heater type: _____ BTU'S: _____ # _____ Misc.: _____

ELECTRICAL

Electrical Service AMP: _____ Const Meter: _____ Misc.: _____

◆◆◆◆ THIS SPACE FOR OFFICE USE ONLY ◆◆◆◆

Project Valuation: _____ **Include sprinkler and alarm?** Yes No

REVIEWS	INSPECTIONS	Parent Permit RSN: <u>27411</u>
<input type="checkbox"/> Structural	<input type="checkbox"/> Structural	Parent Plan Location: _____
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Mechanical	Permit Type: <u>CT</u>
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Plumbing	Sub Type: <u>FINE SPRINKLER</u>
<input type="checkbox"/> Electrical	<input type="checkbox"/> Electrical	Plans Examiner: <u>BIERIK HALL</u>
<input type="checkbox"/> Life Safety	<input checked="" type="checkbox"/> Life Safety	Verify Homeowner: _____
		Change of occupancy/use: <input type="checkbox"/> Yes <input type="checkbox"/> No

Plan Fee Due \$ _____ Intake Date: 10/12 Permit # 07-202573
 Balance Due \$ 43.61 Plan Location: _____ RSN: 279243

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.

Signature: [Signature] Date: 10/12/07
 Print Name: _____