



City of Aurora Public Works Department

BUILDING PERMIT APPLICATION

Building Division • 15151 E. Alameda Parkway Ste 2400 • Aurora CO 80012 • 303-739-7420 • Fax: 303-739-7412
Email: permitcounter@auroragov.org

Project Address <u>15301 E. I Lift Ave</u>		Unit #
Project Name: <u>SPRINT Network Vision Upgrade</u>		
Contractor Company Name <u>MASTEC NETWORK SOLUTIONS</u>		Phone <u>720-341-8608</u> Fax
Contact Person <u>ANDY MCCABE</u>		Phone <u>720-341-8608</u> Fax
Email <u>ANDREW.MCCABE@MASTEC.COM</u>		Fax
Architect and/or Engineer Contact information for correction items <u>KDC</u>		
Architect or Engineer name		Email
Phone <u>303-750-6999</u>		Fax <u>303-750-0236</u>
Owner (Required for Certificate of Occupancy) only		
Owner address		
Email		
Valuation / FDA: \$ <u>20,000.00</u>		Materials Cost: \$ <u>10000</u>
FDA = Fee Determination Assessment. (Also known as the value of project) has no relationship to the construction costs for the building which can vary greatly. Rather, The assessment is used only to determine the appropriate level of fees to fund our code compliance activities.		
Describe The Work You Will Be Doing: <u>Remove Existing BTS Cabinets, Lines, And Antennas And install new cabinets, Hybrid cables, And Antennas</u>		

I declare under penalty that this application has been examined by me and that the statements made herein are made in good faith pursuant to City of Aurora tax and licensing regulations; and to the best of my knowledge and belief are true, correct and complete.

Print Name ANDREW MCCABE Signature [Signature] Date 10/8/2013

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: \$ 20,000.00

Change of occupancy/use: ☐ Yes ☐ No

REVIEWS

- | | |
|--|--|
| <input type="checkbox"/> Structural | <input type="checkbox"/> Structural |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Plumbing |
| <input checked="" type="checkbox"/> Electrical | <input checked="" type="checkbox"/> Electrical |
| <input type="checkbox"/> Fire-Life Safety | <input type="checkbox"/> Life Safety |
| <input type="checkbox"/> Building Life Safety | <input type="checkbox"/> Gate/Hazard |

Intake Date: 10-8-2013

Balance Due: \$

PRE APPROVAL Initial _____ ☐ Zoning ☐ Water

Exterior changes? ☐ Yes ☐ No

Homeowner verified: ☐ Yes ☐ No

Permit Type: LT

Mid roof / Ave Bldg Height: _____

Parent Permit RSN: _____

Plans Examiner: Jim

Subtype: Electrical

RSN: 847295

Plans Picked Up By: ANDY MCCABE

Company Name: MASTEC NETWORK SOLUTIONS

Phone Number: 720-341-8608