



# BUILDING PERMIT

City of Aurora, Colorado



517364

No.: 2010-449924-000-00 CT

Date: January 22, 2010

## *Life Safety Permit*

Address of Job: 1411 S POTOMAC ST

Contractor: JACOBS FIRE PROTECTION INC

License No.: A08362

Work: FIRE SPRINKLER - CORNERSTONE FAMILY PRACTICE

Conditions: UNIT 300\*\*OK FOR CT PER J.P.

Inspections: Fire Sprinkler

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:	Occupancy Group:
Plan Location:	C of O Required
Contract Amount: <b>\$650.00</b>	Taxable Amount: <b>\$325.00</b>

<b><u>FEES PAID:</u></b>	
Permit Fee	\$32.80
Bldg. Use Tax	\$12.19
Arap. County Open Space Bld U:	\$0.77
Arap. County Transactional Fee	\$0.04
<b>TOTAL FEES:</b>	<b>\$45.80</b>
<p>Other fees may be due before a Certificate of Occupancy or Compliance can be issued. Utility fees are billed separately.</p>	

### **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

# City of Aurora, Colorado

ADDRESS: 1411 S. Potomac St Suite 300 PERMIT NUMBER: 2010-449924

**ALL GENERAL AND SUB CONTRACTORS ARE REQUIRED TO BE LICENSED**

TYPE OF CONTRACTOR	NAME	LICENSE NO.
General <u>Max Construction</u>		
Concrete		
Waterproofing		
Mason		
Roofing		
Lathing/Gypsum Board		
HVAC <u>Ducts Unlimited Inc.</u>		<u>2009455166005L</u>
Electrical (State number)		
Plumbing		
Insulation		
Fire Protection <u>Jacobs Fire Protection</u>		

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		
Electrical Service		
Final Electrical		
Gas Pipe		
✓ Rough HVAC		
Final HVAC		
<hr/>		
Footing <u>Caisson</u> <u>Engineer's Letter</u>		
Concrete Reinforcing <u>Engineer's Letter</u>		
Foundation Waterproofing <u>Survey</u>		
Structural Floor		
Roof/Pre-Roof		
✓ Rough Frame		
Insulation		
Gypboard		
Final Frame		

Life Safety: Sprinkler System <u>FINAL 2/25/10 AW</u>	Fire Alarm
Fire Extinguisher	Exit Lights
Fire Lanes	Misc.
Engineering _____ Grade _____	Zoning _____

**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**

2/10/10 Rough ok BT



# 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: 80012  
 Project Name/Subdivision: Cornerstone Family Practice  
 Contractor: JACOBS FIRE PROTECTION Phone: 303-698-1190 Fax: 303-698-1389  
 Contact Person: Jeff Smith Email: jsmith@jacobsfire.net  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner: (Required for CO) Cornerstone  
 Owner address: 1411 S. POTOMAC Valuation / FDA: \$ \$650  
 Email: \_\_\_\_\_

### REQUIRED FOR PROJECTS USING AN ARCHITECT and/or ENGINEER:

Architect or Engineer Name: Keeney Design Email: \_\_\_\_\_  
 Phone #: 303-871-1970 Fax #: \_\_\_\_\_

### DESCRIBE THE WORK YOU WILL BE DOING: \*

MODIFY EXISTING WET FIRE SPRINKLER SYSTEM PER NFPA 13 2002 FOR CORNERSTONE FAMILY PRACTICE - UNIT # 300  
3 Relocate - 2 Add

**SIGN PERMIT:** Sign type: Ground  Wall  Window  Other  Number of existing signs \_\_\_\_\_  
 Monument sign?  Y  N Is height from grade more than 6':  Y  N Sign Features: Illuminated  Y  N  
 New circuit? Y  N  Require separate electrical permit. If yes \* see above. Number of faces on sign \_\_\_\_\_  
 Total area all sides: \_\_\_\_\_ SF | Total SF existing signs: \_\_\_\_\_ | Bldg/Tenant frontage: \_\_\_\_\_ ft  
 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: \_\_\_\_\_

Water pre-approval: \_\_\_\_\_  
 Zoning pre-approval: \_\_\_\_\_  
 Parent Permit RSN: 512570  
 Parent Plan Location \_\_\_\_\_  
 Permit Type: Counter jmp  
 Sub Type: 4x Sprinkles  
 Plans Examiner: JMI  
 Verify Homeowner: \_\_\_\_\_  
 RSN: 517304  
 Permit #: \_\_\_\_\_  
 Balance Due: \$ \_\_\_\_\_

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

JEFF SMITH  
Print Name:

*[Signature]*  
Signature:

1-22-2010  
Date: