



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: \$650.00

Taxable Amount: \$325.00

FEES PAID:

| | |
|--------------------------------|----------------|
| Permit Fee | \$32.80 |
| Bldg. Use Tax | \$12.19 |
| Arap. County Open Space Bld U: | \$0.77 |
| Arap. County Transactional Fee | \$0.04 |
| TOTAL FEES: | \$45.80 |

PAID
CITY OF AURORA
2010 JAN 22 AM 10:11

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

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 | | | |
| Concrete Encased Ground | | | |
| ✓ Rough Electrical | | | |
| Electrical Service | | | |
| Final Electrical | | | |
| Gas Pipe | | | |
| ✓ Rough HVAC | | | |
| Final HVAC | | | |
| 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 FINAL 2/25/10 AW 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

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Sign

Structural

Mechanical

Plumbing

Electrical

Life Safety

INSPECTIONS

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☐
☐
☐
☐
☒

Structural

Mechanical

Plumbing

Electrical

Life Safety

Intake Date: _____

Water pre-approval: _____

Zoning pre-approval: _____

Parent Permit RSN: 512570

Parent Plan Location _____

Permit Type: Counter

Sub Type: 4x Sprinkles

Plans Examiner: JMP

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: _____

1-22-2010
 Date: _____