Louisa Davis 4/4

7-6-83 Wall South wall
Partial West wall } Len

Louise Davis 4/4

BUILDING INSPECTION DIVISION
CITY OF AURORA, COLORADO — BUILDING PERMIT.

ADDRESS OF JOB: 6786 E Iliff Ave	DATE: 7-1-83	COMM. ☒ RES. ☐	WARM AIR HTG VENTILATION AIR CONDITIONIN PERMIT

OWNER — NAME: ____ ADDRESS: ____ PHONE: 75.

CONTRACTOR — NAME: Able Sht Mtl & Heat LICENSE NO. AO 7937

ADDRESS: 14521 (STREET) Mobile St (CITY) Brighton (STATE) Colo. 80601 (ZIP) PHONE: 6[illegible]

SUPERVISOR OF JOB — NAME: Harold Penny

CLASS OF WORK: NEW ☐ ADDITION ☐ ALTERATION ☒ REPLACE ☐

BTU RATING: ____ TYPE OF CONSTRUCTION (IF COMMERCIAL): ____

NO. OF UNITS	DESCRIPTION OF WORK	NO. OF UNITS	DESCRIPTION OF WORK
1	FORCED AIR HEATING SYSTEM		AIR CONDITIONING SYSTEM
	MAKE-UP AIR SYSTEM		EVAPORATIVE COOLING
	HOT WATER HEATING SYSTEM		GAS PIPING
	STEAM HEATING SYSTEM		REFRIGERATION
	RANGE/GREASE HOOD/EXHAUST SYSTEM		ROOF TOP UNITS

REMARKS: Relocate Some Heat & Condition ING Runs.

RECEIVED MAY 22 1984 Architect Central Records

CITY SALES AND USE TAX 3%

ESTIMATED VALUE ____ x 50% = ____

VALUATION OF WORK	$ 30
PERMIT FEE	
PENALTY FEE ☐	$ 10
TAX PAID	$ 4
TOTAL	$ 14

BUILDING INSPECTION

APPROVED BY: E DATE: 7/11/83

PERMIT NO. B V04[illegible]

INSPECTION REPORTS

Date	Item	Remarks	Inspector
5 21 84	F	OK	JD

NOTES TO APPLICANT:
FOR INSPECTIONS OR INFORMATION CALL 695-7420.
TO ASSURE NEXT DAY INSPECTIONS PLEASE CALL BEFORE 4:00 P.M.
FOR ALL WORK DONE UNDER THIS PERMIT THE PERMITTEE ACCEPTS FULL RESPONSIBILITY FOR COMPLIANCE WITH THE UNIFORM MECHANICAL CODE AND ALL OTHER APPLICABLE AURORA ORDINANCES.
REQUIRED INSPECTIONS SHALL BE REQUESTED ONE WORKING DAY IN ADVANCE.
A FINAL INSPECTION SHALL BE MADE BEFORE OCCUPANCY IS PERMITTED.

SIGNATURE OF APPLICANT: David L. Penny

THIS FORM IS A PERMIT ONLY WHEN VALIDATED HERE

CITY OF AURORA CASHIER

FORM 620 7

INSPECTOR'S COPY

Laura Davalos 4/20

PROTECTIVE INSPECTION DIVISION
CITY OF AURORA, COLORADO

BUILDING PERM

ADDRESS OF JOB: 16786 - 92 East Iliff Ave | DATE: 9/23/85 | COMM. ☑ RES. ☐ | ELECTRICAL

WHEN SIGNED AND VALIDATED BY BUILDING INSPECTION DEPARTMENT THIS PERMIT AUTHORIZES THE WORK DESCRIBED BELOW

CLASS OF WORK: NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☒ MOVE ☐ WRECK ☐

OWNER
NAME Spa For Women ADDRESS 16786 - 92 East Iliff PHONE

CONTRACTOR
NAME (AS LICENSED) Waynes Electric Inc REGISTRATION NUMBER AD5990
ADDRESS 120 S main (STREET) Brighton (CITY) Colo (STATE) 80601 (ZIP) PHONE 6697491
SUPERVISOR FOR THIS JOB NAME Jim Ries

UNIT	DESCRIPTION	UNIT	DESCRIPTION	UNIT	DESCRIPTION
	1. SERVICE & EQUIPMENT ☐ NEW ☐ CHGD.		2. CIRCUITS		3. FIXTURES
	4. GARBAGE DISPOSAL		5. FURNACE		6. RANGE
	7. DISHWASHER		8. DRYER		9. OVENS
	10. AIR CONDITIONER		11. NEON SIGNS ☐ INT. ☐ EXT. NO. TRANS.		12. INCADESCENT SIGNS NO. OF LIGHTS
	13. TRANSFORMERS & RECTIFIERS		14. MOTOR ☐ LESS THAN 1 H.P. NO. ☐ MORE THAN 1 H.P. ☐		15. CONSTRUCTION METER
	16.				17.

REMARKS: Replace main on pole line

CITY SALES AND USE TAX 3%

50% OF ESTIMATED VALUE OF MATERIALS AND LABOR.
ESTIMATED VALUE 1500 X 50% 750 X 3% 2250

NOTE: ALL PURCHASING RECORDS AND INVOICES WILL BE RETAINED FOR A PERIOD OF THREE YEARS.

NOTES TO APPLICANT:
FOR INSPECTIONS OR INFORMATION CALL 695-7420
FOR ALL WORK DONE UNDER THIS PERMIT THE PERMITTEE ACCEPTS FULL RESPONSIBILITY FOR COMPLIANCE WITH THE AURORA BUILDING CODE AND ALL OTHER APPLICABLE AURORA ORDINANCES.
REQUIRED INSPECTIONS SHALL BE REQUESTED ONE WORKING DAY IN ADVANCE. A FINAL INSPECTION SHALL BE MADE BEFORE OCCUPANCY IS PERMITTED.

SIGNATURE OF APPLICANT: Laura Rios

FORM 620-6

VALUATION OF WORK $	1500
PLAN YES ☐ FILED NO ☐	PERMIT FEE $
PENALTY FEE ☐	20.00
TAX PAID	$ 22.50
TOTAL	$ 42.50

BUILDING DIVISION
APPROVED BY [signature] DATE 9-25-85

PERMIT AND RECEIPT NO. CITY OF AURORA C87258

THIS FORM IS A PERMIT OR RECEIPT WHEN VALIDATED HERE

PAID

INSPECTOR'S COPY

CITY OF AURORA COLORADO PROTECTIVE INSPECTION DIVISION RECEIVED MAR 18 1986 Architect Central Records

Laura Davalos 4/20

INSPECTION REPORTS

Date	Item	Remarks	Inspector
11/19/85	Service	No Access to Connection Box	
1/2/86	Service	No Access to Connection Box	
11/21/86	Service	Ok Reconnect	

USE SPACE BELOW FOR NOTES, FOLLOW-UP, ETC.