



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](mailto:permitcounter@auroragov.org)

<b>Project Address</b> 15301 East Iliff ave		<b>Unit #</b>
<b>Project Name:</b> Walgreens		
<b>Contractor Company Name</b> FREEDOM FIRE PROTECTION	<b>Phone</b> 303.827.2060	<b>Fax</b> 303.827.2070
<b>Contact Person</b> LUIS RIVERA	<b>Phone</b>	
<b>Email</b> LUISR@FREEDOMFIREPRO.COM	<b>Fax</b>	
<b>Architect and/or Engineer Contact information for correction items</b>		
<b>Architect or Engineer name</b>	<b>Email</b>	
<b>Phone</b>	<b>Fax</b>	
<b>Owner (Required for Certificate of Occupancy) only</b>		
<b>Owner address</b>		
<b>Email</b>		
<b>Valuation / FDA:</b> \$ 650	<b>Materials Cost:</b> \$ 200	
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.		
<b>Describe The Work You Will Be Doing:</b> <u>TENANT FINISH TO EXISTING NFPA 13 SPRINKLER SYSTEM</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** LUIS RIVERA **Signature** *[Signature]* **Date** 7-15-2015

**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: \$ 650

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

Intake Date: \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

**PRE APPROVAL** Initial \_\_\_\_\_ ☐ Zoning ☐ Water

Exterior changes? ☐ Yes ☐ No

Homeowner verified: ☐ Yes ☐ No

Permit Type: CF

Mid roof / Ave Bldg Height: 14' 9"

Parent Permit RSN: \_\_\_\_\_

Plans Examiner: JOE

Subtype: Sprinkler

RSN: 1032857

Plans Picked Up By: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_