



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)

Project Address <u>12051 E. Mississippi Ave</u>		Unit #
Project Name: <u>Walgreens Aurora</u>		
Contractor Company Name <u>Bauen Corp</u>		Phone <u>303-297-3311</u>
Contact Person <u>Brett Sowers</u>	Phone <u>303-551-5119</u>	Fax <u>303-295-3350</u>
Email <u>bsowers@bauenroofing.com</u>	Fax	
Architect and/or Engineer Contact information for correction items		
Architect or Engineer name		Email
Phone		Fax
Owner (Required for Certificate of Occupancy) only <u>Walgreens Co</u>		
Owner address <u>106 Wilmet Rd MS 1630 Deerfield, IL 60015</u>		
Email		
Valuation / FDA: \$ <u>73,125.00</u>		Materials Cost: \$ <u>30,230.00</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>Tearing off Membrane and Flashings, Installing 1/2" HD cover board over existing insulation, Fully Adhere a 60 mil EPDM membrane, provide a Firestone 15 year warranty.</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 Brett A. Sowers Signature [Signature] Date 7-8-14

**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: \$ _____		<b>PRE APPROVAL</b> Initial _____ <input type="checkbox"/> Zoning <input type="checkbox"/> Water	
Change of occupancy/use: <input type="checkbox"/> Yes <input type="checkbox"/> No		Exterior changes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>REVIEWS</b>		Homeowner verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Structural	<input type="checkbox"/> Mechanical	Permit Type: _____	
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical	Mid roof / Ave Bldg Height: _____	
<input type="checkbox"/> Fire-Life Safety	<input type="checkbox"/> Life Safety	Parent Permit RSN: _____	
<input type="checkbox"/> Building Life Safety	<input type="checkbox"/> Gate/Hazard	Plans Examiner: _____	
Intake Date: _____		Subtype: <u>912908</u>	
Balance Due: \$ <u>2,433.90</u>		RSN: _____	
		Plans Picked Up By: _____	
		Company Name: _____	
		Phone Number: _____	

Bill# ~~940708~~  
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