

# Architect's Letter of Certification

Store Name: \_\_\_\_\_

Center: \_\_\_\_\_

Space Number: \_\_\_\_\_

This letter is to serve as certification that the enclosed working drawings for the above referenced space comply with Section \_\_\_\_\_ of the Lease Data Sheet and Landlord's Construction Criteria as outlined in Exhibit "B" of the Lease Agreement.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Store Completion Inspection

Store Name: \_\_\_\_\_

Center: \_\_\_\_\_ Space Number: \_\_\_\_\_

The above named store was inspected on \_\_\_ / \_\_\_ / \_\_\_ by this office and is hereby certified to be in compliance with the Construction Documents submitted to and approved by the Landlord dated \_\_\_ / \_\_\_ / \_\_\_.

The following is a list of items either incomplete or inconsistent to those documents:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

(Use Back of form for additional items)

The included list has been forwarded to the General Contractor to remedy same. A copy of this form has also been sent to the Tenant.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

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

Complete Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

# Appendix A: Tenant Mechanical and Electrical Tabulation Sheets

---

## Instructions For Completing the Form

**General** All blanks on the forms must be filled in.

1. Forms must be completed by the Tenant's Mechanical or Electrical Engineer.
2. Tenant's architect is responsible for ensuring coordination of all mechanical and electrical work.
3. If the forms are not filled out or if they are not included with the Second Submittal, the Construction Drawings and Specifications will not be reviewed until a complete submittal is made.
4. For explanation of footnotes refer to page 3.

- Mechanical**
1. Only recognized ASHRAE methods are to be employed.
  2. Wall, roof, etc., heat gain and heat loss BTU/SF criteria can be found on Design Criteria Package (see Sheet ME-2 of 2).
  3. Check sheets are not intended to be a calculation method but merely a standard summary of data as was used by the Tenant's engineer. All factors provided are minimums.

**Electrical** All data presented shall be as per NEC.

# Tenant Mechanical Load Calculation Check Sheet For Tenants Connecting to the Central Air-Conditioning System

Tenant Name _____	Space No. _____
Lease Area _____ SQ. FT.	Product/Service _____ Level _____

## COOLING LOAD CALCULATIONS FOR SALES AREA \_\_\_\_\_ SQ. FT.

Description	Total Watts, Persons or Area	Multiplier	BTUH (Cooling)	Percentage Plenum Credit	W/Ceiling Plenum Credit Nominal BTUH (Cooling)
Recessed Lighting 1		x 3.41	=	x	% =
Track & Case Ltg 2		x 3.41	=	x	100% =
Equipment 2		x 3.41	=	x	100% =
People (1 Person/75 SF)		x 315	=	x	100% =
Roof 3	SF x	BTU/SF	=	x	% =
Walls 3	SF x	BTU/SF	=	x	100% =
Doors, Windows, Infiltration, Etc.				x	100% =
<b>TOTAL BTUH</b>					

Description	Total BTUH	Divisor	Total Cooling Required
Nominal Cooling	÷	(1.08 x 20° F)	= CFM

## HEATING LOAD CALCULATIONS FOR SALES AREA

Description	Area	BTUH	Peak BTUH (Heating)
Roof 3	SF x	BTU/SF	=
Walls 3	SF x	BTU/SF	=
Doors, Windows, Infiltration, Etc.			=
<b>TOTAL BTUH</b>			=

# COOLING LOAD CALCULATIONS FOR STOCK AND/OR REMAINING AREAS

\_\_\_\_\_ SQ. FT.

Description	TotalWatts, Persons or Area	Multiplier	BTUH (Cooling)	Percentage Plenum Credit	W/Ceiling Plenum Credit Nominal BTUH (Cooling)
Lighting 1		x 3.41	=	x %	=
Equipment 2		x 3.41	=	x 100%	=
Transformer (KW Capacity)		x 138.11 (0.90)(0.045)(3410)	=	x 100 %	=
Roof 3	SF x	BTU/SF	=	x %	=
Walls 3	SF x	BTU/SF	=	x 100%	=
Doors, Windows, Infiltration, Etc.				x 100%	=
<b>TOTAL BTUH</b>					=

Description	Total BTUH	Divisor	Total Cooling Required
Nominal Cooling	÷	(1.08 x 20° F)	= CFM

## HEATING LOAD CALCULATIONS FOR STOCK AND/OR REMAINING AREAS

Description	Area	BTUH	Peak BTUH (Heating)
Roof 3	SF x	BTU/SF	=
Walls 3	SF x	BTU/SF	=
Doors, Windows, Infiltration, Etc.			=
<b>TOTAL BTUH</b>			=

### FOOTNOTES:

1. Actual plan count, not square foot factors (Coordinate with Electrical Drawings).
2. Kitchen or other powered equipment - attach separate Calculation Sheet(s).
3. For heat gain and heat loss BTU/SF criteria see Design Criteria Package.

# SUMMARY SHEET FOR MECHANICAL DATA TABULATION

Description	CFM	Landlord Approved CFM
Grand Total NOMINAL CFM		
Requested CFM		

Description	Total BTUH	Divisor	Total
Grand Total Heating Required	÷	3410 =	KW
Requested Heating Capacity	÷	3410 =	KW

Calculation Check Sheet Preparer's Information:

Name \_\_\_\_\_

Company \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

# Tenant Electrical Data Tabulation Sheet

Tenant Name _____	Space No. _____
Lease Area _____ SQ. FT.	Product/Service _____ Level _____

Load Type	Connected KW
Space Lighting	
Showcase Lighting	
Sign Lighting	
Receptacles	
Water Heating	
Toilet Exhaust Fan (HP)	
Special Appliances or Equipment 1	
Miscellaneous (Indicate)	
Space Heating	
Air Conditioning (HP, KW or FLA)	
Fan Coil Unit (HP)	
Exhaust Hood Fan(s) (HP)	
Make-up Air Fan (HP)	
Largest Motor _____ , Total Motor (HP)	
Transformer Size (KW or KVA - Indicate)	
<b>TOTAL CONNECTED LOAD (KW)</b>	
<b>TOTAL SIMULTANEOUS LOAD (KW)</b> (Maintained at 3 hours or more)	

**Footnote 1:** Attach separate sheet outlining equipment name, location, KW or HP, etc.

PREPARED & CERTIFIED BY: \_\_\_\_\_

**Do Not Write Below This Line**

480/277 volt, 3 phase, 4 wire power to Tenant space provided by the Tenant (lighting and power)	
Conductors	Conduit
Switch	Fuse

# Appendix B: Pre-Construction Information Form

This form is to be completed prior to the Pre-Construction Meeting to be held with Landlord's Field Representative. Construction work may not commence until this form is completed in its entirety and approved by Landlord's Project Manager or designated representative.

1. General Contractor:	_____
Superintendent:	_____
Address:	_____
	_____
	_____
Office Phone:	_____
	_____
2. Mechanical Contractor:	_____
Superintendent:	_____
Address:	_____
	_____
	_____
Office Phone:	_____
	_____
3. Electrical Contractor:	_____
Superintendent:	_____
	_____
Office Phone:	_____
	_____
4. Plumbing Contractor:	_____
Superintendent:	_____
Office Phone:	_____





# Pre-Construction Information Form (Continued)

5. Sprinkler Contractor: \_\_\_\_\_  
Superintendent: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_

6. Commencement Date for Construction: \_\_\_\_\_

7. Estimated Date for Completion: \_\_\_\_\_

8. Estimated Date for Fixturing: \_\_\_\_\_

9. Estimated Date for Opening: \_\_\_\_\_

10. Cost of Construction: \_\_\_\_\_

11. Evidence of Insurance As Set Forth  
in Exhibit "B" Of Lease Agreement. \_\_\_\_\_

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord's Field  
Representative: \_\_\_\_\_ Date: \_\_\_\_\_

