



# 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: \_\_\_\_\_



# AC-1

## Tenant's Air Conditioning Load DATA FORM - AC-1

TENANT \_\_\_\_\_ STORE# \_\_\_\_\_

PUBLIC AREA= \_\_\_\_\_ SQ. FT. WORK AREA= \_\_\_\_\_ SQ. FT.

COOLING LOAD (BTU/HR) \_\_\_\_\_

### PUBLIC AREA

### WORK AREA

Lighting: \_\_\_\_\_

Equipment: \_\_\_\_\_

People: \_\_\_\_\_

Roof: \_\_\_\_\_

Walls: \_\_\_\_\_

Misc.: \_\_\_\_\_

**Total:** \_\_\_\_\_ BTU/HR \_\_\_\_\_ BTU/HR

Cooling CFM \_\_\_\_\_

Air Changes/Hr. \_\_\_\_\_

Exhaust Air CFM \_\_\_\_\_

Make up Air CFM \_\_\_\_\_

Supplemental Htg. (Optional) \_\_\_\_\_ KW \_\_\_\_\_

Prepared by \_\_\_\_\_

(Engineer and Firm Name)

Telephone \_\_\_\_\_ Date \_\_\_\_\_

**Note:** This form must be completed and returned to Landlord, along with all supporting calculations. Tenant's Drawings will not be processed for approval unless completed forms have been returned.



# E-1

## Tenant's Air Conditioning Load DATA FORM - E-1

TENANT \_\_\_\_\_ STORE# \_\_\_\_\_

FLOOR  
AREA= \_\_\_\_\_ SQ. FT. PRODUCT/SERVICE \_\_\_\_\_

LOAD TYPE & TOTAL CONNECTED LOAD: \_\_\_\_\_

Space Lighting (KW) \_\_\_\_\_

Showcase Lighting (KW) \_\_\_\_\_

Mall Sign (KW) \_\_\_\_\_

Receptacles (KW) \_\_\_\_\_

Appliances (KW or HP) \_\_\_\_\_

Fan(s) Function & HP \_\_\_\_\_

Exhaust Fan (HP) \_\_\_\_\_

Space Heating (KW) \_\_\_\_\_

Water Heating (KW) \_\_\_\_\_

Largest Motor (HP or KW) \_\_\_\_\_

Transformer Size (KW OR KVA) \_\_\_\_\_

Total Simultaneous Load  
(3 hrs. or More – KW) \_\_\_\_\_

Total Connected Load (KW) \_\_\_\_\_

Prepared by \_\_\_\_\_  
(Engineer and Firm Name)

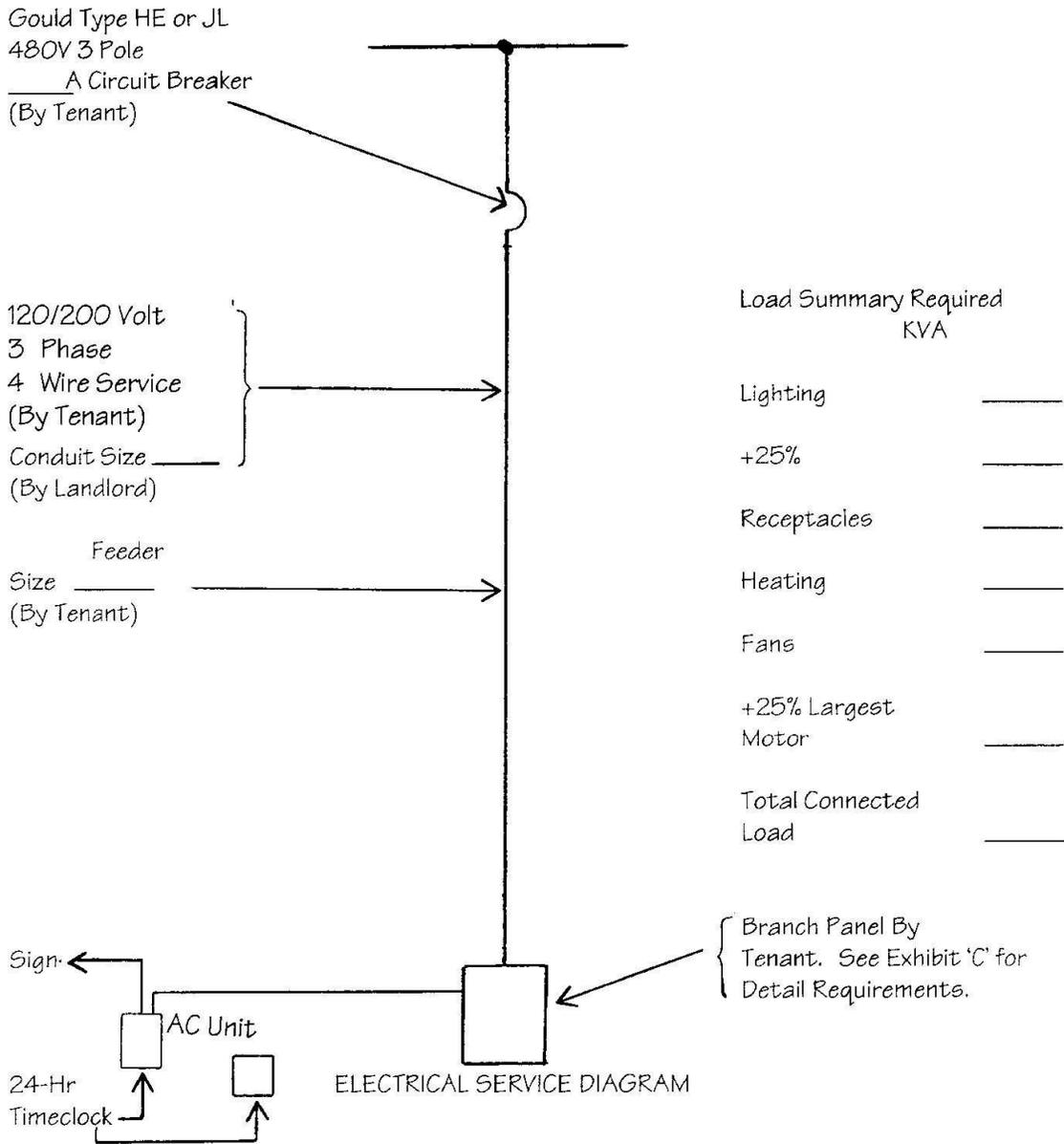
Telephone \_\_\_\_\_ Date \_\_\_\_\_

**Note:** This form must be completed and returned to Landlord, along with all supporting calculations. Tenant's Drawings will not be processed for approval unless completed forms have been returned.

## E-2

### Tenant's Electrical Load DATA FORM - E-2

TENANT \_\_\_\_\_ STORE# \_\_\_\_\_ DATE \_\_\_\_\_



**Note:** This Form must be completed and returned to Landlord, along with all supporting calculations. Tenant's Drawings will not be processed for approval unless completed forms have been returned.



# 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:	_____
	Address:	_____
		_____
		_____
	Office Phone:	_____
4.	Plumbing Contractor:	_____
	Superintendent:	_____
	Address:	_____
		_____
		_____
	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: \_\_\_\_\_