

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. 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)
Lighting 1		x 3.41	=	x %	=
Show Case Ltg 1		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%	=
TOTAL BTUH					

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.			=
TOTAL BTUH			=

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%	=
TOTAL BTUH					=

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.			=
TOTAL BTUH			=

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)	
TOTAL CONNECTED LOAD (KW)	
TOTAL SIMULTANEOUS LOAD (KW) (Maintained at 3 hours or more)	

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

PREPARED & CERTIFIED BY: _____

This Table for Landlord's Use

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: _____

