Architect's Letter of Certification

Store Name:		
Center:		
Space Number:		
space comply with	ve as certification that the enclosed working dra Section of the Lease Data Sheet and Lar of the Lease Agreement.	
Dated:		
Signed:		
Title:		
Address:		

Store Completion Inspection

Store Name:	
Center:	Space Number:
	e was inspected on / by this office and is hereby certified to be in instruction Documents submitted to and approved by the Landlord
The following is a list of	items either incomplete or inconsistent to those documents:
1	
	(Use Back of form for additional items)
The included list has be has also been sent to the	een forwarded to the General Contractor to remedy same. A copy of this form ne Tenant.
Signed:	
Title:	
Date:	
0 1	
Complete Address: _	
_	
_	
Telephone:	
Fax Number:	
rax inuitibet.	

AC-1,8

Tenant's Air Conditioning Load DATA FORM - AC - 1,8

TENANT		ST0	ORE#	
PUBLIC AREA=	SQ. FT. \	WORK AREA:	=	SQ. FT.
COOLING LOAD (BTU/HR)				
PUBLIC AREA	4		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 N	lame)
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.

AC-6,7

Tenant's Air Conditioning Load DATA FORM - AC-6,7

TENANT		ST	ORE#	
PUBLIC AREA=	SQ. FT.	WORK AREA	=	_ SQ. FT.
COOLING LOAD (BTU/HR)				
SALES AREA			STOCK AREA	
Lighting:				
Shoe Case:				
Equipment:				
People:				
Roof:				
Walls:				
Misc.:				
Total:				
Cooling CFM (20°_t)				
Air Changes/Hr.		_		
Exhaust Air CFM				
Supplemental Htg. (Optional)		KW		
Prepared by		<u></u>		
			(Engineer and Firm Na	ame)
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

IENANI		\$10	KE#	
FLOOR AREA=	SQ. FT.	PRODUCT/SER	VICE	
LOAD TYPE & TOTAL CONNEC	CTED 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 Air Conditioning Load DATA FORM - E-1

ENANT	STORE#	DATE
Refer to Exhibit "C" and applicable Exhibit reimbursements for main service switch to Land		' for detail requirements and
Tenant's Main Service — — — — — — — — — — — — — — — — — — —	<u> </u>	Existing 277/480 V 3 PH 4W Project Meter Meter Center
Amps 480 V 3 Pole		Meter Socket
		 Load Summary Required
Wire Service	>	Lighting
Aluminum Feeder (AL/CU) Size	>	+25% Receptacles Heating
KVA Dry Type Transformer		Fans
Branch 120/280V 3PH 4W Panel		Motor Total Connected Load
Sign		277/480V or 480V Branch Panel.
24-Hour ELECTRICAL SER	RVICE DIAGRAM	

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:	
۷.	-	
	Superintendent.	
	Address:	
	•	
	·	
	Office Phone:	
3.	Floatrical Contractor	
3.	Superintendent:	
	ouperintendent.	
	Address:	
	·	
	·	
	Office Phone:	
4.		
4.	Plumbing Contractor: Superintendent:	-
	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.	
Te	enant's Signature:	Date:
_	andlord's Field	Date: