CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4-14-09

Permit # 09-131

IDENTIFICATION Block 201 Lot 11 Qualification Code

Work Site Location 850 12th St Hamm NJ

Owner in Fee NJM Insurance

Address 301 Sullivan Way West Trenton NJ

Tel. ( ) 883-1300

Contractor Gale Const

Address 4 Becker Farm Rd. Roseland NJ

Tel. (973) 577-2560

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: Retaining Wall

PAYMENTS (Office Use Only)	
Building	5775 —
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	893 —
Cert. of Occupancy	
Other	
Total	6,668 —
Check No.	#1453
Cash	
Collected by	50

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 525,000

Frank Domenick — Construction Official 3/13/09 Date

C.O. DETECTORS REQUIRED ON ALL REPAIRS, RENOVATIONS, ALTERATIONS OR RECONSTRUCTIONS.

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Retaining Wall

Date Received
Control #

Date Issued 4-14-09
Permit # 09-131

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1201 Lot 11 Qualification Code _____

Work Site Location 340 12TH STREET HAMMONTON NJ

Owner in Fee: NJM MANUFACTURERS INSURANCE

Tel. (609) 883-1300 e-mail _____

Address 301 SHUMAN WAY WESTFIELD NJ
street municipality zip code

Contractor: GRACO [illegible] Tel. (973) 577-2560

Address 4 BRICKELL [illegible] e-mail KTHIM@THEGRACOMPANY.com

Contractor License No. or Builder Registration No. [illegible] Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 20 437 [illegible] FAX: ( ) [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other [illegible]	2/25/10	EO

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6-7-10
Approved by: FO

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			6-7-10	FO
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 2,500

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONSTRUCTION OF RETAINING WALL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[X] Retaining Wall 1500 Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 50.00

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 50.00

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8/14/09

Permit # 09-367

IDENTIFICATION, Block 120.12 Lot 11 Qualification Code

Work Site Location 840 12th St. Hamm. NJ

Owner in Fee NJM

Address 301 Sullivan Way West Trenton NJ

Tel. (609) 883-1300

Contractor Eagle Const

Address 4 Becker Farm Rd Roseland, NJ

Tel. (973) 577-2560

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[X] BUILDING	[ ] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL	[ ] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK: Retaining Walls C, D, E + F

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 23,000

Frank Domenicella — Construction Official

8/13/09 — Date

PAYMENTS (Office Use Only)

Building	2541.—
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	393.—
Cert. of Occupancy	
Other	
Total	2934
Check No.	1468
Cash	
Collected by	AE

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Retaining Wall

Date Received
Control # 09-367

Date Issued
Permit # 8/14/09

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1201 Lot 11 Qualification Code

Work Site Location 940 12th Street (rear) Hammonton N.J.

Owner in Fee: NJM Insurance Group

Tel. (609) 883-1300 e-mail

Address 301 Sullivan Way (street) W. Trenton (municipality) N.J. (zip code)

Contractor: Cole Construction Tel. (973) 577-2560

Address 4 Beaver Farm Lane, Roxbury e-mail

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 20 4807997 FAX: (973) 422-9124

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other Retaining Wall	7/29/10	

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6-7-10
Approved by: FO

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			6-7-10	FO
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 231,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Retaining Walls C, D, E + F - concrete footings, Cmu construction Forms Construction.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other Retaining Walls
[ ] Demolition

FEE (Office Use Only)
$ waived

Administrative Surcharge $
Minimum Fee $ waived
State Permit Surcharge Fee $
TOTAL FEE $ waived

BUILDING SUBCODE
TECHNICAL SECTION

Control # 09-197
Date Issued
Permit # 09-197

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1201 Lot 11 Qualification Code

Work Site Location 840 TWELFTH STREET HAMMONTON, NJ

Owner in Fee: NEW JERSEY MANUFACTURERS INSURANCE CO.

Tel. (609) 883-1300 e-mail JREGAN@NJM.COM

Address 301 SULLIVAN WAY, WEST TRENTON, NJ 08628
street municipality zip code

Contractor: THE GALE CONSTRUCTION CO. Tel. (973) 577-2500

Address 4 BECKER FARM ROAD ROSELAND NJ 07068 e-mail RSANDER@THEGALECOMPANY.COM

Contractor License No. or Builder Registration No. — Exp. Date —

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): —

Federal Emp. ID No. 204807993 FAX: (973) 422-9526

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	4/27/09	ED

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present —	Proposed B
Constr. Class	Present —	Proposed 1B
No. of Stories	4	
Height of Structure	47.5	Ft.
Area — Largest Floor	76,717	Sq. Ft.
New Bldg. Area/All Floors	197,080	Sq. Ft.
Volume of New Structure	2,430,450	Cu. Ft.
Total Land Area Disturbed	2,759,120	Sq. Ft.

2,758,700 c.f.

Est. Cost of Bldg. Work:
1. New Bldg. $ 4,575,000
2. Rehabilitation $
3. Total (1+ 2) $ 4,575,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
- CONCRETE FOUNDATIONS & FLOOR SLABS
- STRUCTURAL STEEL
- CONCRETE & STEEL STAIRS

FOR
NEW OFFICE BUILDING

TYPE OF WORK:
[✓] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)

$	60,691 —
	35 —
Administrative Surcharge $	
Minimum Fee $	9214 —
State Permit Surcharge Fee $	
TOTAL FEE $	69,940 —

U.C.C. F110 (rev. 7/06)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Hard = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

New Bldg Shell

Date Issued
Permit # 07 177

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 4 Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: New Jersey Manufacturers

Tel. ( ) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. ( ) _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: ( ) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 1-25-11
Approved by: FD

INSPECTIONS Type: see back	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			1-25-11	FD
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

7-6-09 Ftgs - 1C 4½ to F-2 - Pass RF

7-7-09 Ftgs - F+G/14 to 11.5
F+E/#6 to #9 on Plans - Pass RF

7-9-09 Ftg F & G/#9 to # 12 PASS FD

7-16-09 FOUNDATION K-J /#5 TO #7 PASS FD

7-20-09 FOUNDATION 4.7 - M4 TO N
N-4.7 to 4.8 Pass FD.

7-22-09 FOUNDATION 4.7. J TO H3 Pass F.D.

7-24-09 FOUNDATION J TO H #2 Pass FD

7-28-09 FOUNDATION 7F TO 9E Pass F.D.
STEPS TO PARKING LOT (RETAINING WALL SIDE)

7-30-09 F 9 TO F 10 FOUND. Pass F.D.
3F TO 6F FOOTING

7-31-09 FOUNDATION Pass F.D.
7F - TO 9E

8-3-09 10 F TO 11F FOUN
E 9 TO F9 Pass FD

8-4-09 F 5 TO F 6 > FOUNDATION Pass FD.
F12 TO F-14

8-5-09 FOOTINGS K5 TO K7 Pass FD

8-10-09 Footings G8 TO K8
FOUNDATION F3 TO F5 Pass FD

8-11-09 ELEV SHAFT SLAB #3
FOUNDATION K 5.2 TO 7 Pass FD

8-12-09	FOUNDATION	K8 TO G 5.8	Pass FD
8-13-09	FOUNDATION	N5 TO M FOUNDATION ELEV. #3	Pass F.D. " "
8-18-09	FOUNDATION	WALL 2-6 TO F 4-2 TO 3.5	
8-19-09	FOOTING H.5.7 elev. FOUNDATION M TO L 5.		Pass F.D 8/19/09
8-20-09	FOOTINGS piers H.5-7 G7		Pass F.D 8/20/09
	Footings F-14 TO H-16		
8-21-09	FOUNDATION #5-K5		
8-24-09	FOUNDATION	G - 9 TO 10	PASS FD
8-25-09	FOUNDATION	G - 11 TO G12	Pass F.D.
8-26-09	FOUNDATION	G 10 - 11	Pass. FD
8-27-09	FOUNDATION	G-13-14	PASS FD
8-28-09	FOUNDATION	15E TO 16E TO 16G	Pass FD
8-31-09	FOUNDATION	G12 TO G13	Pass FD
9-2-09	FOUNDATION		Pass FD
9-3-09	Pier Footings	F 10 P1 F 11 P1	Pass FD
	SLAB	SLAB	South Side
9-8-09	FOUNDATION	G8 TO G9 Elev #1 Slab	Pass F.D.
9-9-09	E.4 TO E.8 FOOTING Elev. pit SLAB 14.3. TO 14.6 STEP FOOTING 15E TO E.8	G.16 TO G15.2	Pass FD

9/10/09 FOUNDATION G14.8 TO G.16
G14 TO G.14.2
FD
9-10-09

Footing Pier 8

9-14-09 Footing C15 TO C9 FD Pass

9-15-09 Footings - C 8.4 TO A 3.3 FD Pass

9-16-09 FOOTINGS G 14 TO G15
K 7 TO K 8 FD Pass

9-17-09 FOUNDATION K 7 TO K 8 FD Pass
G 14 TO G15
FROST WALL D15 TO C13

9-21-09 FOUNDATION - C12 TO C13 FD Pass

9-22-09 FOUNDATON C13 TO C 9 FD Pass

9-24-09 FRONT FOOTINGS C 1 TO 2.9 8.1
FOUNDATION C 8.3 TO B 3.3 FD Pass

9-29-09 FOUNDATION FD Pass
FOOTING

9-30-09 FOUNDATION Pass FD C 1 TO C9. 1.5
F2 TO E2

10-1-09 FOUNDATION 8.5 TO 3.3 C. 8.3 DOOR
FOOTING D 9 to 14 D Pass FD
E 10 TO 13
E1.8 TO 51.8 FOUND. J 1.8 TO K 1.8.

10-5-2009 Piers C7, D12, D7, E 9, D14

10-6-09 FOOTINGS K 1.8 TO N 1.8 Pass FD
2N TO 4Q

10-8-09 FOUNDATION PASS FD
1.8 TO K.1 TO M.1
1.8 TO E.5 TO J.6

10-9-09 FOUNDATION Q2 TO N2 TO L.1.8 PASS FD

10-13-09 FOUNDATION Pass FD
Q2.53 TO 1.8 TO Q

10-14-09 Elevator FOOTING 2J.2 TO K
B.8 TO 8.9

10-19-09 FOUNDATION P F.D.
1st FLR SLAB

10-20-09 Escalator FOUNDATION A6-A.7 6.5

1021-09 Pier FOOTINGS - C8, C7, C6, C5, D6, D7, D8, B4

10-22-09 FOUNDATION - COL. LINE 2 - J 2 TO N
Piers (P1) B4 C7 D7

10-23-09 Terrace FOUNDATION
Footings - 1.8N TO Q 1.3 Pass FD

10-26-09 FOOTINGS 2 D.9 TO 1.E0 PASS FD
Piers E6, E.1, 4-5 E3 C-2.9

10-29-09 PIERS @ cafteria SECTION P F.D.

10-30-09 FOUND WALL CAFT. side P F.D

Step FOOTINGS P F.D

FOUND. South Side P F.D

11-2-09 FOOTINGS @ Grade Beam P F.D.
FOUND. WALL area of step footings.

11-4-09 Piers P-P & Piers P FD
FOUND. E-E.5

11-6-09 EAST FOUNDATION WALL P FD
8 piers in cooling TOWER area

11-9-09 COLUMN LINES
FOUNDATION WALL FD PASS

11-10-09 ATM FOOTINGS Pass FD
Canopy Footings

12-17-09 Roof decking Pass FD

1-4-10 roof decking 2ND FlR Pass FD

1-14-10 1st Flr. SLAB Line 9 to 15

1/28/10 3RD FLR. PARTIAL - INSULATE AREA P-
PENTHOUSE S/W SIDE

2-4-10 2ND FLR 2-9 SLAB & P -
ADMIN AREA

2-16-10 2ND FLR OFFICE SLAB

4-7-10 SLAB @ BANK AREA

4-20-10 FIRESTOPPING WEST SIDE ABOVE OFFICE BETWEEN
WALL & ROOF

4-22-10 FIRESTOPPING BALANCE OF WEST SIDE

4-29-10 FRAMING 2ND FLR ELEV. SHAFT # 1

5-6-10 FRAMING 3RD FLR. BY CENTER STAIRS
2ND FLR ELEV. SHAFT

5-19-10 FRAMING BATHROOMS 2ND - 3RD FLR.

6-4-10 PERIMETER WALLS 2ND - 3RD FLR

6-14-10 SOUTH SIDE SHAFT FRAMING

6-18-10 FRAME SOUTH SIDE ATRIUM

INSULATION DRAFTSTOPPING - 2ND FLR OFFICE

6-29-10 FRAMING - MULTI PURPOSE ROOM
& BATHROOM

SECURITY AREA
1st FLR OFFICE WING
2ND FLR ADMIN
BATHROOMS: NORTH SIDE

7-2-10 Progress spray insulation and patch
Fire spray on rated beams. MD

7/7/10 Spray Insulation and Fire spray

7/9/10 Progress walk through Fire spray

7-14-10 firestopping NORTH STAIR TOWERS 2ND & 3rd Flr.
Framing south side 3rd flr. Stairs

7-16-10 firestopping atrium roof & curtain wall 3rd floor

7-30-10 ✓ all FIRE RATED WALLS IN IT Rooms
framing- Bank AREA, WEST ATRIUM WALL
CAFE - TERRACE - Kitchen - SERVERY

8-6-10 (P) Framing atrium wall esc. wall 1ST Flr Storage area

8-18-10 Framing atrium wall behind elevator (P)

9-8-10 Framing escaltor SHAFTS (P)

9-16-10 (P) ABOVE ceiling 2ND Flr East Side of ADMIN.

9-28-10 (P) ABOVE ceiling 2ND Flr OFFICE & outside elev. (SHAFTS)

10/7/10 ABOVE ceiling (P) 1ST Flr OFFICE Bank area Severy

10/12/10 ABOVE ceilings 1ST-2ND Flr Bathrooms

10-14-10
Above ceiling - bathrooms near print shop (P)
Framing - basement big Room

10-18-10 CHECKED Glass for tempered OK (P)
2ND & 3RD FLR
escaltars

10-20-10 Above ceiling in escalter atrium

11-5-10 FIRESTOPPING (3) elev. rooms

11-22-10 KITCHEN - FINAL (P)

12-7-10 TCO = 1ST-2ND FLR OFFICE'S
ADMIN - BANK, KITCHEN, CAF.

12-17-10 PENTHOUSE - Basement

+ ALL ABOVE ceiling INSPECTIONS also ✓