



CONSTRUCTION PERMIT

Date Issued

4-14-09

Permit #

09-131

IDENTIFICATION Block 1201 Lot 11
Work Site Location 11840 12th St
Contractor Lule Const
Address 4 Becker Farm Rd.
Owner in Fee WJM Domenech
Address 301 Sullivan Way
Tel. (913) 511-2560
Lic. No. or Bldrs. Reg. No. 883-1300

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

Retaining Wall

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

Construction Official

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

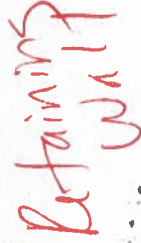
Date

3/13/09

PAYMENTS (Office Use Only)

Building 5775-
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other 893-
DCA State Permit Fee 893-
Cert. of Occupancy _____
Other 6,668-
Total 6,668-
Check No. #1453
Cash _____
Collected by 50

(see reverse side)



4-14-09
09-131

Block 1201 Lot 11 Qualification Code _____
Work Site Location 4 1201 5000 11

JOB SUMMARY (Office Use Only)

B. BUILDING CHARACTERISTICS		Est. Cost of Bldg. Work:	
Use Group	Present	1. New Bldg.	\$
Constr. Class	Present	2. Rehabilitation	\$
No. of Stories		3. Total (1 + 2)	\$
Height of Structure			
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

1. New Bldg.	\$	
2. Rehabilitation	\$	
3. Total (1+2)	\$	21,000

Construction of RETAINING WALL

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

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

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



CONSTRUCTION PERMIT

Date Issued

Permit #

8/14/09
09-367

IDENTIFICATION Block 840 12th St. Lot 11
Work Site Location Hamm NJ
Owner in Fee NJM
Address 301 Sullivan Way
Tel. (609) 883-1300
Contractor Gale Const
Address 4 Becker Farm Rd
Tel. (973) 577-2560
Lic. No. or Bldrs. Reg. No. Roseland, NJ

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

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 \$

231,000

Construction Official

Date

8/13/09

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 ae
Collected by _____

(see reverse side)



BUILDING SUBCODE TECHNICAL SECTION

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	64012th Street NW				Harvard N. 3

Owner in Fee: N579 Investment Corp

Tel. (669) 893-1300 e-mail info@tropicalvacations.com

Address	street	municipality	zip code
301 S. NEW WY. DR.			

Contractor: W.C. LE (C) 146616, v

Address

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

Home Improvement Contractor Registration No. of Exemption Reason (if applicable): 210 6607997 579 133 5174

Federal Emp. ID No. 604801912 FAX: (713) 486-1261

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Required				Type:	Failure	Approval
☒ All				Footing		
☒ Footing				Footing Bonding		
☒ Foundation				Foundation		
☒ Frame				Slab		
☒ Other <i>Walls</i>				Frame		
				Truss Sys./Bracing		
				Barrier-Free		
Joint Plan Review Required:				Insulation		
☒ Elec.	☒ Plumb.	☒ Fire	☒ Elevator	Finishes-Base Layer		
				Finishes-Final		
SUBCODE APPROVAL				Energy		
☒ CO	☒ CCO	☒ CA		Mechanical		
Date: <u>6-7-10</u>				TCO		
Approved by: <u>FO</u>				Other		
				Final		
				Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	
No. of Stories			
Height of Structure		Ft.	
Area — Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors		Sq. Ft.	1. New Bldg. \$
Volume of New Structure		Cu. Ft.	2. Rehabilitation \$
Total Land Area Disturbed		Sq. Ft.	3. Total (1+2) \$

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Hard = Applicant Copy

Date Received
Control #

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

Atkins, 1974, pp. 101-102. C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, AQ, AR, AS, AT, AU, AV, AW, AX, AY, AZ, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ, DA, DB, DC, DD, DE, DF, DG, DH, DI, DJ, DK, DL, DM, DN, DO, DP, DQ, DR, DS, DT, DU, DV, DW, DX, DY, DZ, EA, EB, EC, ED, EE, EF, EG, EH, EI, EJ, EK, EL, EM, EN, EO, EP, EQ, ER, ES, ET, EU, EV, EW, EX, EY, EZ, FA, FB, FC, FD, FE, FF, FG, FH, FI, FJ, FK, FL, FM, FN, FO, FP, FQ, FR, FS, FT, FU, FV, FW, FX, FY, FZ, GA, GB, GC, GD, GE, GF, GG, GH, GI, GJ, GK, GL, GM, GN, GO, GP, GQ, GR, GS, GT, GU, GV, GW, GX, GY, GZ, HA, HB, HC, HD, HE, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HS, HT, HU, HV, HW, HX, HY, HZ, IA, IB, IC, ID, IE, IF, IG, IH, II, IJ, IK, IL, IM, IN, IO, IP, IQ, IR, IS, IT, IU, IV, IW, IX, IY, IZ, JA, JB, JC, JD, JE, JF, JG, JH, JI, JJ, JK, JL, JM, JN, JO, JP, JQ, JR, JS, JT, JU, JV, JW, JX, JY, JZ, KA, KB, KC, KD, KE, KF, KG, KH, KI, KJ, KK, KL, KM, KN, KO, KP, KQ, KR, KS, KT, KU, KV, KW, KX, KY, KZ, LA, LB, LC, LD, LE, LF, LG, LH, LI, LJ, LK, LL, LM, LN, LO, LP, LQ, LR, LS, LT, LU, LV, LW, LX, LY, LZ, MA, MB, MC, MD, ME, MF, MG, MH, MI, MJ, MK, ML, MM, MN, MO, MP, MQ, MR, MS, MT, MU, MV, MW, MX, MY, MZ, NA, NB, NC, ND, NE, NF, NG, NH, NI, NJ, NK, NL, NM, NN, NO, NP, NQ, NR, NS, NT, NU, NV, NW, NX, NY, NZ, OA, OB, OC, OD, OE, OF, OG, OH, OI, OJ, OK, OL, OM, ON, OO, OP, OQ, OR, OS, OT, OU, OV, OW, OX, OY, OZ, PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, PW, PX, PY, PZ, QA, QB, QC, QD, QE, QF, QG, QH, QI, QJ, QK, QL, QM, QN, QO, QP, QQ, QR, QS, QT, QU, QV, QW, QX, QY, QZ, RA, RB, RC, RD, RE, RF, RG, RH, RI, RJ, RK, RL, RM, RN, RO, RP, RQ, RR, RS, RT, RU, RV, RW, RX, RY, RZ, SA, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO, SP, SQ, SR, SS, ST, SU, SV, SW, SX, SY, SZ, TA, TB, TC, TD, TE, TF, TG, TH, TI, TJ, TK, TL, TM, TN, TO, TP, TQ, TR, TS, TT, TU, TV, TW, TX, TY, TZ, UA, UB, UC, UD, UE, UF, UG, UH, UI, UJ, UK, UL, UM, UN, UO, UP, UQ, UR, US, UT, UY, UZ, VA, VB, VC, VD, VE, VF, VG, VH, VI, VJ, VK, VL, VM, VN, VO, VP, VQ, VR, VS, VT, VU, VV, VW, VX, VY, VZ, WA, WB, WC, WD, WE, WF, WG, WH, WI, WJ, WK, WL, WM, WN, WO, WP, WQ, WR, WS, WT, WU, WV, WW, WX, WY, WZ, XA, XB, XC, XD, XE, XF, XG, XH, XI, XJ, XK, XL, XM, XN, XO, XP, XQ, XR, XS, XT, XU, XV, XW, XX, XY, XZ, YA, YB, YC, YD, YE, YF, YG, YH, YI, YJ, YK, YL, YM, YN, YO, YP, YQ, YR, YS, YT, YU, YV, YW, YX, YY, YZ, ZA, ZB, ZC, ZD, ZE, ZF, ZG, ZH, ZI, ZJ, ZK, ZL, ZM, ZN, ZO, ZP, ZQ, ZR, ZS, ZT, ZU, ZV, ZW, ZX, ZY, ZZ.

	FEE (Office Use Only)
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 | | | | | Reframing walls |
| ☐ Demolition | | | | | |

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



BUILDING SUBCODE TECHNICAL SECTION



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 440 TUESDAY STREET
HANMONT, NJ

Owner in Fee: NEW JERSEY MANUFACTURES INSURANCE CO.

Tel. (609) 883-1300 e-mail TREKANO@NJH.COM

Address 3015 LULUWAY, WEST TRENTON, NJ 08628

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

Address 4 BECKER FARM ROAD ROSELAND, NJ 07068 e-mail RSANDER@THEGALE

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

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

Federal Emp. ID No. 204007993 FAX: (973) 422-9522

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required			Type				
☐ All			Footings				
☐ Footing			Footings Bonding				
☐ Foundation			Foundation				
☐ Slab			Slab				
☐ Frame			Frame				
☒ Other			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation				
SUBCODE APPROVAL			Finishes - Base Layer				
☐ CO ☐ CCO ☐ CA			Finishes - Final				
Date			Energy				
Approved by: _____			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 141,080 Sq. Ft.

Volume of New Structure 12,480,420 Cu. Ft.

Total Land Area Disturbed 2,158,700 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)

\$ 696.91

\$ 25

\$ 1214

\$ 19,940

\$ 19,940

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(rev. 7/06)

1 Write = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Hard = Applicant Copy



BUILDING SUBCODE TECHNICAL SECTION



New Jersey
Bldgs 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. () e-mail Exp. Date

Contractor License No. or Builder Registration No.

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

Federal Emp. ID No. FAX: ()

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Required			Type: <u>See Book</u>	Feature	Feature
☐ All			Footings	Approval	
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Truss Sys./Bracing		
☐ Other			Barrier-Free		
Joint Plan Review Required:			Insulation		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes - Base Layer		
			Finishes - Final		
SUBCODE APPROVAL			Energy		
☒ CO ☐ CCO ☐ CA			Mechanical		
Date: <u>1-25-11</u>			TCO		
Approved by: <u>FD</u>			Other		
			Final		
			Barrier-Freeze		

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.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence Height (exceeds 6') Sq. Ft.
- ☐ 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 \$	

7-4-09 Flgs - 1C 4 1/2 to F-2 - Pass RF

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

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

7-16-09 FOUNDATION K-J / #5 to #7 PASS FO

7-20-09 FOUNDATION 4.7 - M4 TO N
N-4.7 to 4.8 PASS FO.

7-22-09 FOUNDATION 4.7. J TO H 3 PASS F.D.

7-24-09 FOUNDATION J TO H #2 PASS FO

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 11 F FOUND
PASS FD
E 9 TO F 9

8-4-09 F 5 TO F 6 > FOUNDATION PASS FD.
F 12 TO F 14

8-5-09 FOOTINGS K5 TO K 7 PASS FO

8-10-09 FOOTINGS G 8 TO K 8 PASS FO
FOUNDATION F 3 TO F 5

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

8-12-09	FOUNDATION	K8 TO G 5.8	PASS FD
8-13-09	FOUNDATION	N5 TO M FOUNDATION	PASS F.O.
8-18-09		ELEV. #3	" "
	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.O. 8/19/09
8-20-09	FOOTINGS	PIERS H.5-7	
		G7	PASS F.O. 8/20/09
	Footings	F-14 TO H-16	
8-21-09	FOUNDATION	H5-K5	
8-24-09	FOUNDATION	G - 9 TO 10	PASS FD
8-25-09	FOUNDATION	G - 11 TO G12	PASS F.O.
8-26-09	FOUNDATION	G 10-11	PASS. FD
8-27-09	FOUNDATION	G-13-14	PASS FD
8-28-09	FOUNDATION	ISE 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	
	SLAB	F 11 P1	PASS FD
		SLAB	
9-8-09	FOUNDATION	G8 TO G9	
		Elev #1 SLAB	PASS F.O.
		E.4 TO E.8 FOOTING	
9-9-09		G.16 TO G15.2	
	Elev pit SLAB	14.3 TO 14.6	
	STEP FOOTING	ISE TO E.8	PASS FD

9-10-09 FOUNDATION G14.8 TO G.16
G14 TO G14.2

FD
9-10-09

Footings Pier 8

9-14-09 Footings C15 TO C9

FD Pass

9-15-09 Footings C 8.4 TO A 3.3

FD Pass

9-16-09 FOOTINGS G14 TO G15
K7 TO K8

FD Pass

9-17-09 FOUNDATION K7 TO K8

FD Pass

G14 TO G15

First wall DIS TO C13

9-21-09 FOUNDATION C12 TO C13

FD Pass

9-22-09 FOUNDATION C13 TO C9

FD Pass

9-24-09 FRONT FOOTINGS C1 TO 2.9 8.1

FD Pass

FOUNDATION C 8.3 TO B 3.3

9-29-09 FOUNDATION
Footings.

FD Pass

9-30-09 FOUNDATION

Pass FD

C1 TO C9.1.5
F2 TO E2

10-1-09 FOUNDATION 8.5 TO 3.3

C. 8.3 door

FOOTING 0.9 to 1.4 D

Pass FD

E 10 TO 13

10-5-2009 Piers C7, D12, D7, E12, D14

E1.8 to 51.8

FOUND.
J1.8 TO
K1.8.

10-6-09 FOOTINGS K 1.8 TO N 1.8
2N TO 4Q Pass F.D

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

10-9-09 FOUNDATION Q.2 TO N.2 TO L. 1.8 Pass FD

10-13-09 FOUNDATION
Q.2.53 TO 1.8 TO Q Pass FD

10-14-09 Escalator Footing 2J.2 TO K
B.8 TO 8.9

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

10-20-09 Escalator FOUNDATION A.6-A.7 6.5

10-21-09 Pier FOOTINGS - C.8, C.7, C.6, C.5, D.6, D.7, D.8, B.4

10-22-09 FOUNDATION - COL. LINE 2 - J.2 TO N
piers (P1) B.4 C.7 D.7

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

10-26-09 FOOTINGS 2 D.9 TO 1.50 Pass FD
Piers E.6, E.1, 4-5 E.3 C-2.9

10-29-09 Piers @ cafeteria section P F.D.

10-30-09 FOUND/WALL caff. 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-Q & Piers P F.D.
FOUND. E-E-5

11-6-09 ^{EAST} FOUNDATION WALL (P) F.D.
8 piers in cooling
tower
area

11-9-09 COLUMN LINES
FOUNDATION WALL F.D. PASS

11-10-09 ATM FOOTINGS
Canopy Footings Pass F.D.

12-17-09 Roof decking Pass F.D.

1-4-10 roof decking 2nd flr Pass F.D.

1-14-10 1st flr. SLAB line 9 to 15

1/28/10 3rd Flr. Partial - inside 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. no

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 IIT ROOMS
Framing- Bank AREA, WEST ATRIUM WALL
CAFE - TERRACE - Kitchen - SERVIC

8-6-10 (P) Framing atrium wall 1st flr
esc. wall Storage area

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

9-8-10 Framing escalator 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 ceiling 1st-2nd flr Bathrooms

10-14-10

Above ceiling - bathrooms near print shop
Framing - basement big room

(P)

10-18-10

CHECKED

Glass for tempered
2nd & 3rd flr
escaltars

OK

(P)

10-20-10

Above ceiling in escalator 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 ✓