

SDCRAA TO CONCESSIONAIRE / TENANT HANDOVER CHECKLIST

Project Name:	
Project/Room Location:	
NTP/Permit Number:	
Review Date:	
Construction Start Date:	
Type of Project (F&B, Retail, etc.):	

Brief Project Description:

Item Reviewed	Yes	No	Comments
Space completed and approved per AHJ's prior to tenant handover	<input type="checkbox"/>	<input type="checkbox"/>	
Any outstanding/remaining punch-list items or deficiencies completed	<input type="checkbox"/>	<input type="checkbox"/>	
Overall dimensions of the space confirmed; built to approved lease outline drawings	<input type="checkbox"/>	<input type="checkbox"/>	
Life safety items required installed – fire protection, lighting, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary services and locations confirmed	<input type="checkbox"/>	<input type="checkbox"/>	
Floor reviewed for FF and FL per contract documents	<input type="checkbox"/>	<input type="checkbox"/>	
Base building finishes terminated correctly or held back as required to meet intent of design	<input type="checkbox"/>	<input type="checkbox"/>	

Item Reviewed	Yes	No	Comments
Any exterior/base building deficiencies or incomplete works communicated to tenant			
Location of electrical panel per design			
Service Tie-in locations reviewed			
Other:			
Other:			

Deficiencies/Notes:

Changes Requested:

Approvals:

ADC Representative: _____ Signature: _____ Date: _____

Tenant Representative: _____ Signature: _____ Date: _____

Tenant Project Manager: _____ Signature: _____ Date: _____

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