

PROJECT INFORMATION

Project Name and Location: _____

Contact Person: _____

Company Name: _____

Address/Phone Number/Fax No. _____

Email Address: _____

Please Check: New Construction Retrofit

Notes:

a. Please complete one sheet per application.

b. Specify the total quantity of identical frames. **TOTAL:** _____

*Optional dimension
 **Please specify nailer size as required
 ***As applicable (for multi-story frames)

Note: In the case of special loading, please draw loading diagram on a separate sheet.

FRAME GEOMETRY

1. Please specify per Architectural Limitations (inches)
 Max. Column Depth = _____ Flange Width = _____
 Max. Beam Depth = _____ Flange Width = _____

2. Frame Height and Span (feet) See Elevation

BRACED FRAME DESIGN CRITERIA

3. Required Design Code : _____

4. S_{DS} = _____

5. Response Modification Coefficient :
 SCBF: R = 6.0
 OCBF: R = 3.25

6. Deflection Amplification Factor:
 SCBF: $C_d = 5.0$
 OCBF: $C_d = 3.25$

7. Importance Factor:
 I_e = _____

8. Ω_0 = _____ Specify type of diaphragm : Flexible Rigid

9. ρ = _____ Is ρ included in item 11? Yes No

BRACED FRAME LOADING

10. $WL_1, WL_2, W_3, W_{ROOF}$ = Wind Lateral Load (Kip) **ASCE 7-16**
 *Please check:
 ASD Level Strength Level (LRFD)
 $WL_{(ASD)} = \frac{WL_{(LRFD)}}{1.6}$

11. $EL_1, EL_2, EL_3, EL_{ROOF}$ = Seismic Lateral Load (Kip) **ASCE 7-16**
 *Please check:
 ASD Level Strength Level (LRFD)
 $EL_{(ASD)} = \frac{EL_{(LRFD)}}{1.4}$

12. W_1, W_2, W_3, W_{ROOF} = Gravity Load (Plf) ASD Level
 Provide these values if these levels exist

13. SL = Snow Load (Plf) - If applicable

14. Could top & bottom flanges of the beam be braced? Yes No

15. Please specify the type : A B

A - Chevron V Bracing

B - X Bracing

16. Other Requirements/Comments : _____

FAX WORKSHEET to (310) 608-1112 or EMAIL to sales@pacosteel.com

