

# DESIGN CRITERIA WORKSHEET

PACO Beam/Header

DATE:      mm    dd    yyyy  
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## PROJECT INFORMATION

Project Name and Location: _____ _____ _____ Contact Person: _____	Company Name: _____ _____ Address/Phone Number/Fax No. _____ Email Address: _____ Please Check: <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit
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## BEAM/HEADER LOAD & SERVICEABILITY CRITERIA

1. WALL WIDTH / THICKNESS per Architectural Drawing		in.
2. Beam/Header SPAN LENGTH center-to-center	ft.	in.
3. Beam/Header DEAD LOAD, $W_{DL}$	ASD	Plf
4. Beam/Header LIVE LOAD, $W_{LL}$	ASD	Plf
5. Beam/Header SNOW LOAD, $W_{SL}$ , or ROOF LIVE LOAD, $W_{RLL}$		Plf
6. Beam/Header OUT OF PLANE WIND LOAD, $W_{WIND}$ , if any  $W_{WIND} \cdot (ASD) = \frac{W_{WIND} \cdot (LRFD)}{1.6}$	ASCE7-16 Strength Level (LRFD)	Plf
7. Could the COMPRESSION FLANGE of the beam/header be braced? If <b>YES</b> , please specify the spacing	Yes	No
	ft.	in.
8. Maximum Allowable	Live or Snow Load Deflection	Total Load Deflection
	_____ L _____ or _____ in.	_____ L _____ or _____ in.
9. For Beam/Header WEB STABILITY consideration, please specify length of end bearing N		in.
10. Specify preferred type of beam/header to post/jamb connection		

Other Requirements/Comments :