

Steel Truss Engineering Order Form

Client: _____ Phone: _____ Fax: _____

Client Address: _____ Email: _____

(City) _____ (State) _____ (Zip) _____

Building Owners Name: _____

Building Address: _____

(City) _____ (State) _____ (Zip) _____

(County or Permitting Agency) _____

Truss Length (Outside-to-Outside of Post): _____ **Maximum Bay Spacing:** _____ O.C.

Top Chord Roof Slope: _____ / 12 **Bottom Chord Slope:** _____ / 12 **Post Size:** _____

1, 2, or 3 Sided Building: _____ **Reference Job Number** (If applicable): _____

Number of Trusses: _____ **Number of Wet Stamp Copies:** _____

***The Contractor or Building Owner Shall Obtain the Following Information
From the County / Permitting Agency:***

Building Code: 2018 IBC _____ 2021 IBC _____ Other: _____

Ground Snow Load: _____ (psf) **Wind Speed:** _____ (mph) **Exposure:** (Determined by engineer)

Top Chord Dead Load: _____ (psf) **Bottom Chord Dead Load:** _____ (psf)

Bottom Chord Live Load (if applicable): _____ (psf) – or provide locations of point loads (Dead & Live)

Special Requirements: _____

NOTE: To avoid delays in the engineering process, please fill out this form completely.