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PRELIMINARY DESIGN FAX FORM

Fax completed form back to:
503-692-6434

DATE: _____
 PROJECT: _____
 LOCATION: _____

INQUIRED BY: _____
 C/O: _____
 WORK PHONE & FAX: _____
 RESPONSE NEEDED BY: _____

BUILDING TYPE:

NON RATED 1-HR 2-HR SPRINKLED
 SOUND TRANSMISSION CLASS: _____
 BUILDING SIZE _____
 COLUMN/BAY SPACING _____
 MEMBER TYPE _____
 MEMBER PROFILE _____
 BEARING CONDITIONS _____
 ROOF SLOPE _____
 SNOWDRIFT HEIGHT _____
 SNOWDRIFT WIDTH _____

PRODUCT:

GLULAM FIRP® GLULAM
 WEBJOIST WSI JOIST
 TIMBER BRIDGES
 HEAVY TIMBER TRUSSES
 TECTUM STRUCTURAL PANELS
 STRUCTURAL WOOD REPAIRS

PLEASE PROVIDE:

PRELIMINARY SIZES PRELIMINARY PRICES
 VALUE ENGINEERING LABOR ESTIMATE
 PRODUCTS CATALOG

DESIGN CRITERIA:

LIVE LOAD _____ psf DEAD LOAD _____ psf
 PARTITION LOAD _____ psf
 CONCENTRATED LOAD _____ lbs
 STRESS INCREASE ALLOWANCE _____ %
 SPACING REQUESTED _____
 MAXIMUM DEPTH _____

USE SPACE BELOW TO SHOW FRAMING PLANS, MEMBER LOADING DIAGRAMS OR ADDITIONAL NOTES