



EverEdge™ Series

Plan Transmittal Form
Engineered Lumber Products
 (MUST BE SUBMITTED WITH PLANS)

Date Sent: _____ (Filling out as much as possible will reduce requests for more information which will allow us to serve you more effectively. Thank you for your patience).

DEALER INFORMATION (REQUIRED)

Name: _____
 City/State: _____
 Contact: _____
 Phone: _____
 Email: _____

PROJECT INFORMATION (REQUIRED)

Plan Name/Model: _____
 Lot/Address: _____
 Shipping City: _____
 Shipping State: _____
 Miscellaneous: _____

BUILDER INFORMATION

Name: _____
 Contact: _____
 Phone: _____
 Email: _____
 Miscellaneous: _____

REQUESTED SERVICE (REQUIRED)

Quote (Budget estimate)	
Quote with layout	
Revision	
Order	
Size specified beams	

DESIGN INFORMATION

What to quote: (Please check) HVAC holes

1st Floor	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>
3rd Floor/Attic	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling Beams	<input type="checkbox"/>	<input type="checkbox"/>
Roof Beams	<input type="checkbox"/>	<input type="checkbox"/>
Headers	<input type="checkbox"/>	<input type="checkbox"/>

I-Joist Depth:

9 1/2"	<input type="checkbox"/>
11 7/8"	<input type="checkbox"/>
14"	<input type="checkbox"/>
16"	<input type="checkbox"/>
Per Plan	<input type="checkbox"/>
Optimal	<input type="checkbox"/>

Max. o.c. Spacing (req'd)

12" o.c.	<input type="checkbox"/>
16" o.c.	<input type="checkbox"/>
19.2" o.c.	<input type="checkbox"/>
24" o.c.	<input type="checkbox"/>
Per Plan	<input type="checkbox"/>

Design Loads/Criteria:
 (Unless specified otherwise, the loads listed below will be used as the design criteria)

	LL/DL psf	SPECIFIED
Living Areas	40/10	<input type="checkbox"/>
Sleeping Areas	30/10	<input type="checkbox"/>
Accessible Attic Storage	20/10	<input type="checkbox"/>
Non-Accessible Attic	10/10	<input type="checkbox"/>
Stick Roof	20/10	<input type="checkbox"/>
Trussed Roof	20/20	<input type="checkbox"/>
Deflection Criteria	L/480	<input type="checkbox"/>

Foundation (req'd)

Slab	<input type="checkbox"/>
Crawl	<input type="checkbox"/>
Bsmt	<input type="checkbox"/>
Sub Bsmt	<input type="checkbox"/>

Roof Info (req'd)

Trusses	<input type="checkbox"/>
Stick	<input type="checkbox"/>
Asphalt Shingles	<input type="checkbox"/>
Spanish Tile/Slate	<input type="checkbox"/>

Brick:

4 sides	<input type="checkbox"/>
3 sides	<input type="checkbox"/>
Front	<input type="checkbox"/>
Per Plan	<input type="checkbox"/>

Floor Finish: Specify Area

Tile	<input type="checkbox"/>	<input type="checkbox"/>
Marble	<input type="checkbox"/>	<input type="checkbox"/>
Stone	<input type="checkbox"/>	<input type="checkbox"/>
Brick	<input type="checkbox"/>	<input type="checkbox"/>

(areas not indicated will be assumed as carpet/hardwood)

NOTES:
