



WEST BRADFORD TOWNSHIP
1385 CAMPUS DRIVE
DOWNINGTOWN, PA 19335
 Phone (610) 269-4174
 Fax (610) 269-3016

Permit #
2005.1

APPLICATION FOR BUILDING PERMIT (MANUFACTURED HOME)

APPLICATION INSTRUCTIONS: All applicants complete Parts 1,2,3,4,5 of this form. If plumbing work, complete Parts 6 & 7 If mechanical work, complete Parts 8 & 9. If electrical work, complete Parts 10 & 11. For all other permits, explain work on Part 12. Attach approved Zoning Permit, Building Construction Plans, and documentation as required.

Is owner the applicant? Yes No

1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number 50-	Zoning District
Subdivision		Lot Number	Parcel Use <input type="checkbox"/> Residential <input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial <input type="checkbox"/> Other <input type="checkbox"/> Vacant <input type="checkbox"/> Institutional

2. OWNER INFORMATION

Last Name	First Name	Phone
Street	City, State, Zip	
Cell Phone	Email	

3. CONTRACTOR INFORMATION

Company	Contact Name	Phone
Street	City, State, Zip	
Cell Phone	Fax Number	Email

4. BUILDING PERMIT APPLICATION

Improvement Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Addition	<input type="checkbox"/> Relocation <input type="checkbox"/> Alteration <input type="checkbox"/> Foundation Only <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Change of Use Only	Proposed Uses: <input type="checkbox"/> Assembly <input type="checkbox"/> Factory <input type="checkbox"/> Residential	<input type="checkbox"/> Business <input type="checkbox"/> Institutional <input type="checkbox"/> Storage <input type="checkbox"/> Educational <input type="checkbox"/> Mercantile	<input type="checkbox"/> Garage <input type="checkbox"/> Other
Height Above Grade (feet)	Garages (dimensions)			
Elevators/Escalators (number)	Fireplaces (number)			
Stories (number)	Deck (dimensions)			
Bedrooms (number)	Pool (dimensions)			
Full Baths (number)	Project Estimated Value \$			
Partial Baths (number)	Other			

5. CERTIFICATON

I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit per PA UCC Act 45 of 1999.

Signature of Applicant _____ Address _____ Contact # _____

Print Name _____

DEPARTMENT APPROVALS	Fee
Plan Examiner _____ Date _____	
Building Official _____ Date _____	

6. PLUMBING CONTRACTOR INFORMATION

Company	Contact Name	Phone
Street	City, State, Zip	
Cell Phone	Fax Number	Email

7. PLUMBING PERMIT APPLICATION

Enter the number of fixtures being installed, replaced or repaired:					
Tubs/showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Sewers	
Toilets		Water Softeners		Gas Piping	
Urinals		Sewage Ejectors		Laundry Tubs	
Sinks		Dishwashers		Sump Pumps	
Bidets		Grease Traps		Lawn Sprinklers (Y/N) (Number of heads)	
Public Water (Y/N)		Public Sewer (Y/N)		Total # of fixtures	
Water Service Size in.		Water Meter Size in.		Avg. Daily Water Use GPD	
Utility Service Revisions:					
Est. Start Date		Est. Finish Date		Plumbing Work Est. Value\$	

8. MECHANICAL CONTRACTOR INFORMATION

Company	Contact Name	Phone
Street	City, State, Zip	
Cell Phone	Fax Number	Email

9. MECHANICAL PERMIT APPLICATION

Enter the number of new or replacement units					
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Wall HVAC Unit		Hazardous Exhaust System	
Gravity Furnace		Split System A/C		Electric Furnace	
Solid Fuel Appliance		A/C Compressor		Hydronic System	
Utility Service Revisions:					
Type of Heating Fuel: (check one) <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other					
Est. Start Date		Est. Finish Date		Mechanical Work Est. Value\$	

10. ELECTRICAL CONTRACTOR INFORMATION

Company	Contact Name	Phone
Street	City, State, Zip	
Cell Phone	Fax Number	Email

11. ELECTRICAL PERMIT APPLICATION

Type of Work	#	Type of Work	#
Switching Outlets		Bonding, Pool/Vault	
Lighting Outlets		Service Feeders	
Receptacle Outlets		HVAC	
Range/Oven		Switching Devices	
Dryer, Electric		Transformers	
Water Heater, Electric		Smoke Detectors	
Heating, Electric		Electrical Work Estimate Value\$	
Service Equipment			

12. ADDITIONAL INFORMATION REQUIRED POOLS/SPAS/DECKS Notes:

Building Plan (attach additional sheets): Township Use Only

OTHER DEPARTMENT APPROVALS

Signature	Date	Approved
Fire Marshall		
PA DEP		
Planning Commission		
Chester Co. Dept. of Health		
PA DOT/Highway Occupancy		
Township Engineer		
Zoning Official		



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APPLICATION FOR ZONING

Use for any structures including buildings, additions, pools, pool barriers, spas, patios, driveways, tents, sheds (under 500 sq/ft) and decks less than 30 inches in. from grade.

OBTAIN ZONING PERMIT PRIOR TO BUILDING PERMIT

1. PROPERTY INFORMATION

Street Address	Zip	Parcel Number 50-	Zoning District
Subdivision	Lot Number	Parcel Use <input type="checkbox"/> Residential <input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial <input type="checkbox"/> Other <input type="checkbox"/> Vacant <input type="checkbox"/> Institutional

2. OWNER INFORMATION

Last Name	First Name	Phone
Street	City, State, Zip	
Cell Phone	Email	

3. CONTRACTOR INFORMATION

Company	Contact Name	Phone
Street	City, State, Zip	
Cell Phone	Fax Number	Email

Permit Type	Height	Dimensions L x W	Material Type
Dwellings			
Commercial Buildings			
Retaining wall under 4 ft			
Shed under 500 sq/ft			
Patio			
Paving/Driveways			
Decks under 30 in			
Other:			

ESTIMATED COST:

--

Describe work to be completed: _____

CERTIFICATION:

I hereby certify that I am the owner of record of the named property; or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Zoning Officer shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions for the code(s) applicable to such permit.

Signature of Applicant _____ Address _____ Contact # _____

Print Name _____

DEPARTMENT APPROVALS Zoning Official _____	Fee _____
Date _____	

PLEASE INCLUDE TWO SITE PLANS

**TOWNSHIP OF WEST BRADFORD
ADDENDUM TO BUILDING PERMIT**

Building Permit # _____

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Federal or State Employer Identification Number (EIN) _____

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

II. If a Certificate of Insurance or Self Insurance has been submitted, please complete the following:

Name of Insurer or Self Insurer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contractor/Policy Holder's Federal or State Employer Identification Number (EIN): _____

- a. This policy provides coverage for the requirements of the Worker's Compensation Act, the Occupational Disease Act, and where applicable, the Federal Longshore and Harbor Workers' Compensation Act.
- b. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate Holder.
- c. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
- d. The contractor/policy holder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
- e. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policy holder to a Stop-Work Order and other fines and penalties as provided by law.

III. If an exemption is being claimed and you are the property owner, please check the block below and sign the back of this form where it asks for signature.

- Applicant is the individual who owns the property.

IV. If an exemption is being claimed and you are the contractor, please complete the following and sign in the presence of a notary public.

Basis for exemption (check one):

- Contractor/Applicant is a sole proprietorship without employees.
- Contractor/applicant is a corporation and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act. Please explain:

[] All of the contractor/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain:

[] Other. Please explain:

Any subcontractors used on this project will be required to carry their own workers' compensation coverage.

The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.

Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a Stop Work Order and other fines and penalties provided by law.

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of the 18 PA C.S.A. ss 4904 relating to unsworn falsifications to authorities.

Signature

Title

Name (please print)

Name of Company

Date

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

Subscribed before me this _____ day of _____ 20_____.

Notary Public

SEAL

Date Commission Expires



TOWNSHIP OF WEST BRADFORD

1385 CAMPUS DRIVE

DOWNINGTOWN, PA 19335

Phone 610-269-4174 Fax 610-269-3016

WEST BRADFORD TOWNSHIP LIABILITY STATEMENT

TO BE COMPLETED BY OWNER OR AN AUTHORIZED AGENT

Owner or authorized agent of property at:

Permit # _____

Property Address

Phone Number

The issuance of this permit is conditioned upon compliance with all facets of the approved permit application and/or the subdivision plan from which this lot was created, to include, but not be limited to, soil erosion controls, stormwater management, grading plan, monument placing and all other details of the subdivision approval.

If, upon inspection, work is being done other than as approved, a Stop Work Order will be issued with the condition that corrections be made before any work is resumed.

If it is necessary to make a change, the proposed change shall be detailed by the applicant and submitted in writing. A written approval must be received prior to proceeding, as requested. Failure to procure written change approval will result in an obligation to construct as originally approved.

When inspection for a Use and Occupancy Permit is made and it is noted that the provisions of the permit issuance and/or subdivision approval have not been accomplished, a Use and Occupancy Permit will NOT be issued.

Print Name

Print Name

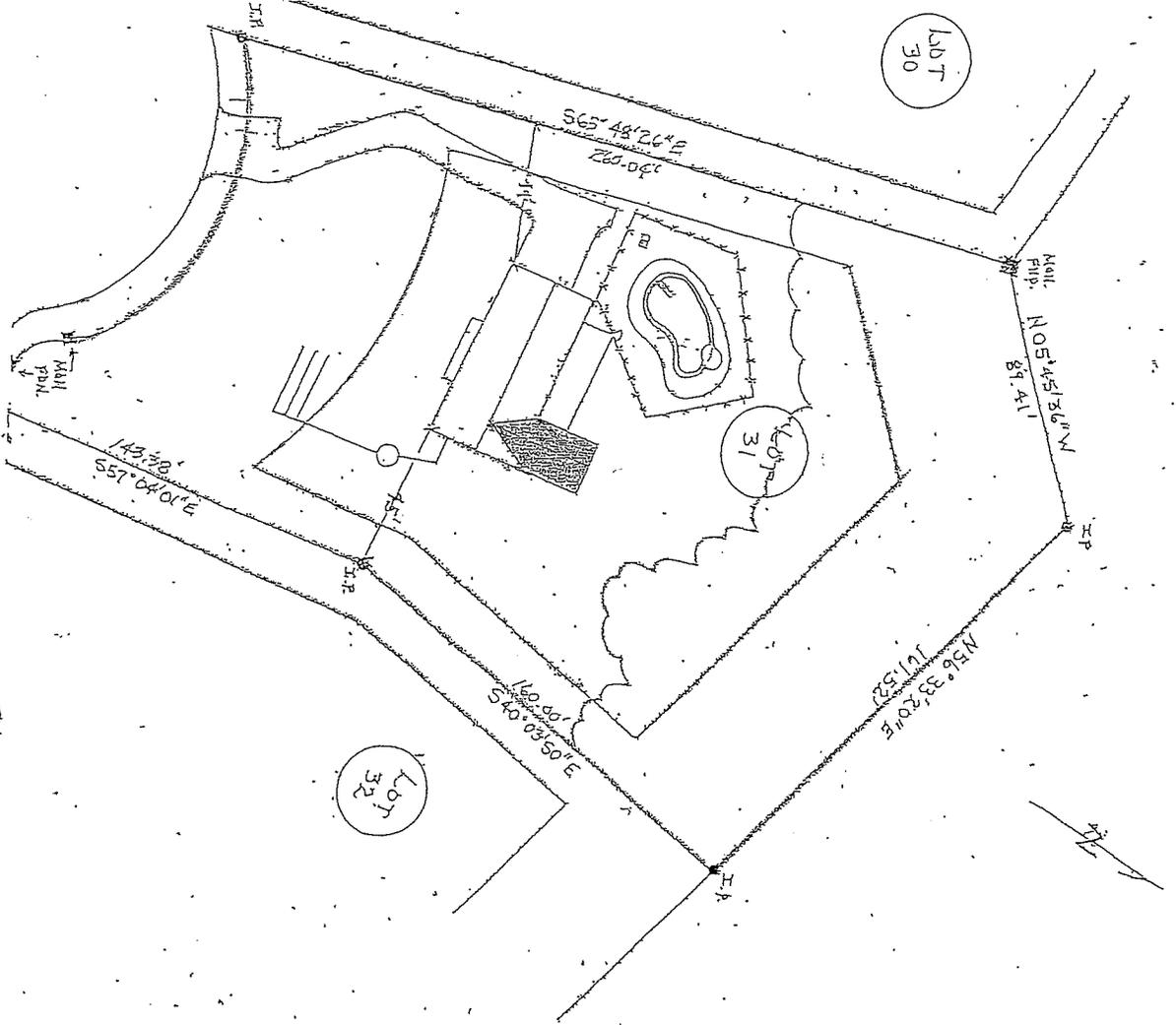
Sign Name

Sign Name

Date

Date

THIS PAGE MUST BE COMPLETED & RETURNED WITH YOUR APPLICATION



ZONING DATA	
R-1 ZONING District	
Lot Size - 219,657 sqft or 11.14 Acres	
Setbacks	
Front - 165'	Existing 165'
Side - 15'	Existing 15'
Rear - 50'	Existing 50'
Maximum Impervious Coverage - 12%	
Existing	
Dwelling - 1920	
Driveway - 2110	
Pav - 1230	
Patio - 250	
Proposed	
Addition 500	
Total 6010 sqft or 12%	
* SCALE = 1/4" = 30'	

SAMPLE ONLY
 NOT FOR SUBMISSION

J. DOE Property
 ADDITION PLAN

1234 ABCD STREET
 YOURTOWN, PA 19000
 TAX # 50-0-00-0000

MANUFACTURED HOMES INFORMATION SHEET

Applicants shall provide the following information to the township with building permit application **"IN DUPLICATE"**.

- 1) **SITE PLAN** to a scale of 1" = 20' with the following information:
 - a) Lot size with metes and bounds and north arrow.
 - b) Size and location of building proposal, driveway and other buildings
 - c) Setback lines, right-of-way lines, contour lines
 - d) Size and location of sewage system, well and/or streams
 - e) Drainage easements, catch basin, large rock outcroppings
 - f) Sanitation Permit (4 sheets)

- 2) **ELEVATIONS** four (4) required showing the following from finish grade:
 - a) Floor lines and dimensions; also dimension from grade to peak
 - b) Window sizes
 - c) Overhangs or porches with size and material
 - d) Exterior coverings and materials and roof slope
 - e) Louvers and vents to be shown and size (roof and crawl space)
 - f) Chimney size and location above ridge and from nearest wall.

- 3) **FOUNDATION PLANS:**
 - a) Basement, crawl spaces, and slabs
 - b) Footing (shown dotted)
 - c) Foundation material and sizes with window, door sizes, and locations
 - d) Structural members, stairs, size and type
 - e) Interior and exterior dimensions
 - f) Electrical fixtures, heating elements, furnace size, and type and locations.

- 4) **FLOOR PLANS:**
 - a) First and second floors with dimensions
 - b) Structural framing members, size, directions and spacing, bridging & stairs
 - c) Room names with dimensions
 - d) Window and door sizes, type and locations
 - e) Electrical circuits, fixtures, size, type
 - f) Plumbing fixtures, bath, kitchen, laundry

- 5) **MANUFACTURER'S INSTALLATION INSTRUCTIONS:**
 - a) Locations of permissible points of support for vertical loads.
 - b) Locations of attachment of anchorage systems used to resist horizontal and uplift forces.

- 6) **DRIVEWAY ENTRANCE CROSS SECTION AND PERCENT OF GRADE.**

- 7) **SUBMIT CONSTRUCTION DETAILS FOR ANY LANDINGS, STAIRS, GUARDRAILS, HANDRAILS OR DECKS.**

*ADDITIONAL INFORMATION MAY BE REQUIRED UPON REQUEST OF THE
CODE ENFORCEMENT OFFICER*

Residential Plan Review Guide for Square Footing Sizing

	Footing Sizes	Footing Area		Required (Min.) Soil Load Bearing Capacity (PSF) Total Column Loading				
		Square Footing Size	Footing Sq. In. Area	Footing Sq. Ft. Area	1000 PSF Soil Brg.	1500 PSF Soil Brg.	2000 PSF Soil Brg.	2500 PSF Soil Brg.
8" Ftg. Thickness - Min.	8 x 8	64	0.44	444	667	889	1111	1333
	9 x 9	81	0.56	563	844	1125	1406	1688
	10 x 10	100	0.69	694	1042	1389	1736	2083
	11 x 11	121	0.84	840	1260	1681	2101	2521
	12 x 12	144	1.00	1000	1500	2000	2500	3000
	13 x 13	169	1.17	1174	1760	2347	2934	3521
	14 x 14	196	1.36	1361	2042	2722	3403	4083
	15 x 15	225	1.56	1563	2344	3125	3906	4688
10" Ftg.	16 x 16	256	1.78	1778	2667	3556	4444	5333
	17 x 17	289	2.01	2007	3010	4014	5017	6021
	18 x 18	324	2.25	2250	3375	4500	5625	6750
	19 x 19	361	2.51	2507	3760	5014	6267	7521
12" Ftg. Thickness -	20 x 20	400	2.78	2778	4167	5556	6944	8333
	21 x 21	441	3.06	3063	4594	6125	7656	9188
	22 x 22	484	3.36	3361	5042	6722	8403	10083
	23 x 23	529	3.67	3674	5510	7347	9184	11021
	24 x 24	576	4.00	4000	6000	8000	10000	12000
	25 x 25	625	4.34	4340	6510	8681	10851	13021
	26 x 26	676	4.69	4694	7042	9389	11736	14083
	27 x 27	729	5.06	5063	7594	10125	12656	15188
	28 x 28	784	5.44	5444	8167	10889	13611	16333
	29 x 29	841	5.84	5840	8760	11681	14601	17521
14" Footing	30 x 30	900	6.25	6250	9375	12500	15625	18750
	31 x 31	961	6.67	6674	10010	13347	16684	20021
	32 x 32	1024	7.11	7111	10667	14222	17778	21333
	33 x 33	1089	7.56	7563	11344	15125	18906	22688
	34 x 34	1156	8.03	8028	12042	16056	20069	24083
	35 x 35	1225	8.51	8507	12760	17014	21267	25521
	36 x 36	1296	9.00	9000	13500	18000	22500	27000

Shaded total load numbers may require special column types and/or additional footing reinforcement.

NOTE: This table should only be used as a guide for establishing square column footing pad sizes. When the actual column type, size and total loading has been determined, each column footing condition should be reviewed to determine the required square footing size and thickness. Although actual concrete compressive strength (PSI) may vary, it is assumed that at a minimum, Plain Structural Concrete (2500 PSI) will be used for column footings sized herein. Soil types and bearing capacities must also be verified at each site. Consult with the local Building Code Official prior to using this table.

Residential Plan Review Guide for Round Footing Sizing

		Footings Sizing	Footings Area	Required (Min.) Soil Load Bearing Capacity (PSF) Total Column Loading					
		Dia. Inches	Footings Sq. In.	Footings Sq. Ft.	1000 PSF	1500 PSF	2000 PSF	2500 PSF	3000 PSF
8" Ftg. Thickness - Min.	8	50.27	0.35	349	524	698	873	1047	
	9	63.62	0.44	442	663	884	1104	1325	
	10	78.54	0.55	545	818	1091	1364	1636	
	11	95.03	0.66	660	990	1320	1650	1980	
	12	113.10	0.79	785	1178	1571	1964	2356	
	13	132.73	0.92	922	1383	1844	2304	2765	
	14	153.94	1.07	1069	1604	2138	2673	3207	
	15	176.72	1.23	1227	1841	2454	3068	3682	
10" Ftg.	16	201.06	1.40	1396	2094	2793	3491	4189	
	17	226.98	1.58	1576	2364	3153	3941	4729	
	18	254.47	1.77	1767	2651	3534	4418	5301	
	19	283.53	1.97	1969	2953	3938	4922	5907	
	20	314.16	2.18	2182	3273	4363	5454	6545	
12" Ftg. Thickness - Minimum	21	346.36	2.41	2405	3608	4811	6013	7216	
	22	380.13	2.64	2640	3960	5280	6600	7919	
	23	415.48	2.89	2885	4328	5771	7213	8656	
	24	452.39	3.14	3142	4712	6283	7854	9425	
	25	490.88	3.41	3409	5113	6818	8522	10227	
	26	530.93	3.69	3687	5531	7374	9218	11061	
	27	572.56	3.98	3976	5964	7952	9940	11928	
	28	615.75	4.28	4276	6414	8552	10690	12828	
	29	660.52	4.59	4587	6880	9174	11467	13761	
	30	706.86	4.91	4909	7363	9818	12272	14726	
14" Footing	31	754.77	5.24	5241	7862	10483	13104	15724	
	32	804.25	5.59	5585	8378	11170	13963	16755	
	33	855.30	5.94	5940	8909	11879	14849	17819	
	34	907.92	6.31	6305	9458	12610	15763	18915	
	35	962.12	6.68	6681	10022	13363	16703	20044	
	36	1017.88	7.07	7069	10603	14137	17672	21206	

Shaded total load numbers may require special column types or sizes and/or addition footing steel reinforcement.

NOTE: This table should only be used as a guide for establishing round column pad sizes. When the actual column type, size and total loading has been determined, each column footing condition should be reviewed to determine the required round column pad size and thickness. Although actual concrete compressive strength (PSI) may vary, it is assumed that at a minimum, Plain Structural Concrete (2500 PSI) will be used for column footings sized herein. Soil types and bearing capacities must also be verified at each site. Consult with the local Building Code Official prior to using this table.

Formula For Calculating Footing Sizes

Guide Use Only, Verify Local Requirements
Using 50# ground snow load for this example (50# x 0.7 = 35 psf)

Formula:

Roof Area x Roof Loading = Concentrated Load on Footing

½ of Roof Span (20'-0") + Overhang (1'-0) = 21'

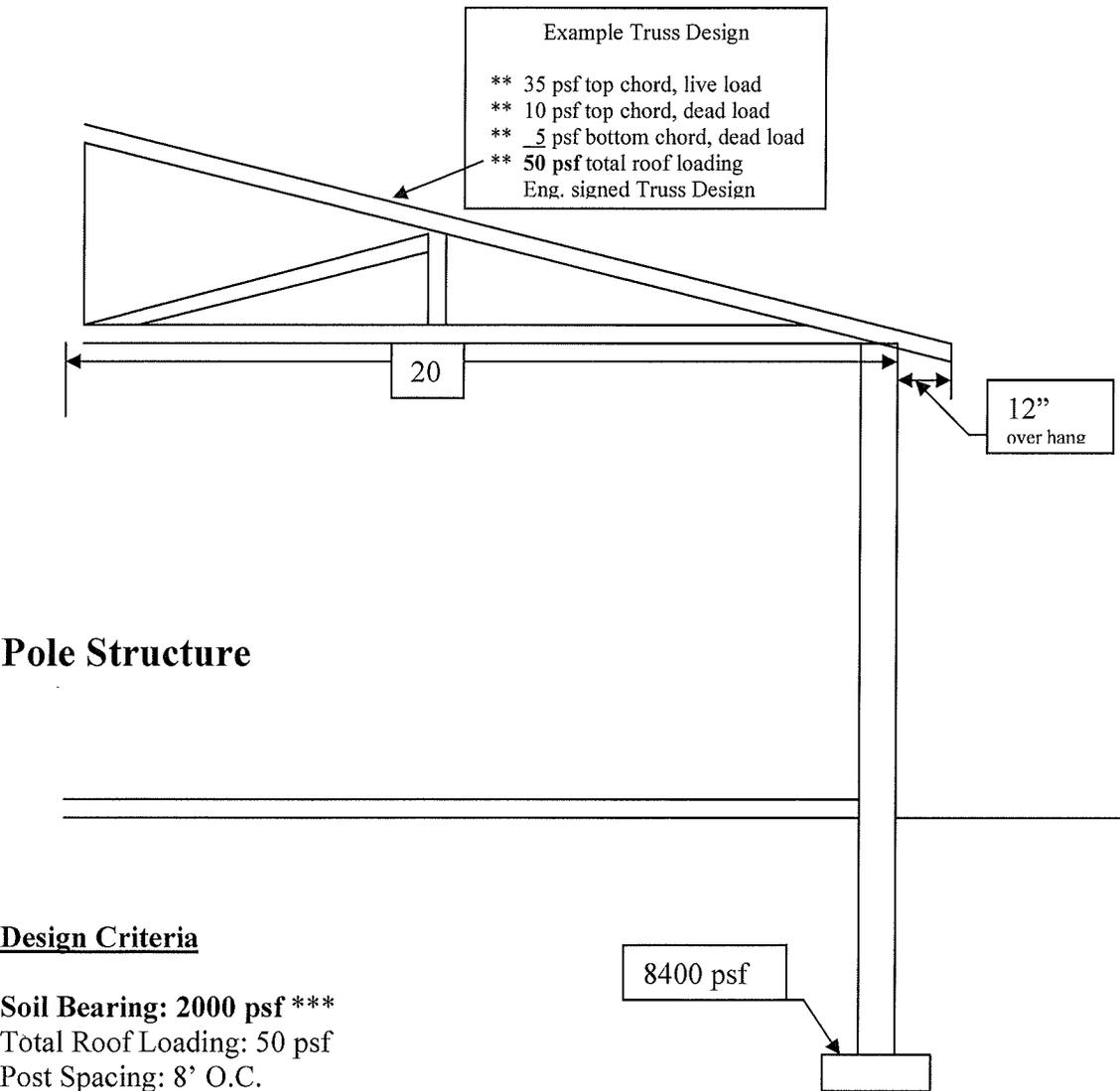
21' x 50# (roof loading) = 1050 PLF

1050 x 8' (Post Spacing) = 8400# (Total Concentrated Load)

Footing Size per Chart:

Round Footing: 28" x 12" (8552) > 8400

Square Footing: 25" x 25" x 12 (8681) > 8400



Design Criteria

Soil Bearing: 2000 psf ***

Total Roof Loading: 50 psf

Post Spacing: 8' O.C.

Footing: 2500 psi concrete

- * Note: Calculations are for intermediate footings.
- ** Verify local snow load requirements, and top and bottom chord loading, from the submitted engineered truss design.
- *** Assuming 2000 psf, soils vary in different areas

Example Footing Sizing

60 pound ground snow load (60# x 0.7 = 42 psf)

Design Criteria - Roof Load

Live Load: 42 psf
 Dead Load Top Chord: + 10 psf
 Dead Load Bottom Chord: + 5 psf
Total Load: 57 psf
 Soil Bearing Capacity: 2000 psf
 Concrete: 2500 psi

Design Criteria – Floor Load

Live Load: 40 psf
 Dead Load: + 10 psf
Total Load: 50 psf

Formula

$$\frac{1}{2} \text{ Roof Span} + \text{Roof Overhang} \times \text{Total Load} \times \frac{1}{2} \text{ Beam Span} = \text{Total Roof Load on Footing}$$

$$\frac{1}{2} \text{ Floor Joist Span} \times \text{Total Load} \times \frac{1}{2} \text{ Beam Span} = + \text{Total Floor Load on Footing}$$

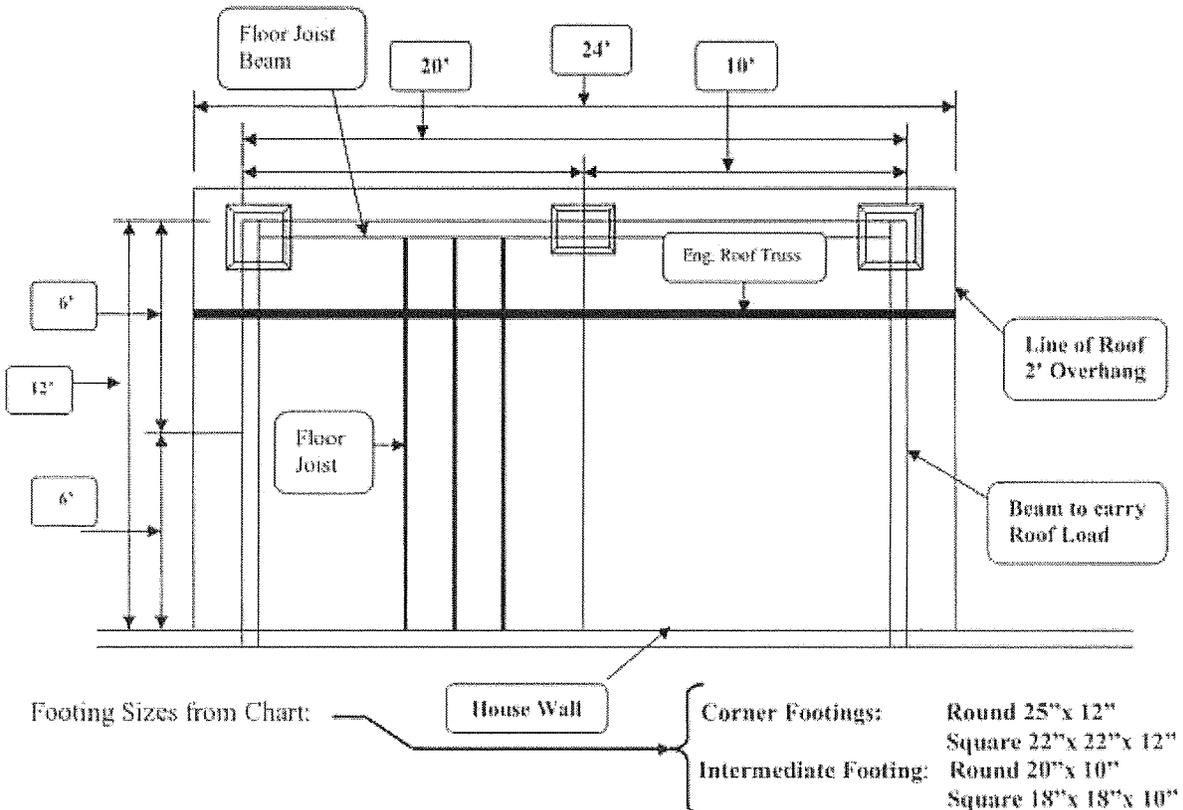
Total Load on Footing

Corner Footings:

Roof Load: $10' + 2' = 12' \times 57 \text{ psf} = 684 \times 7 (6' + 1' \text{ overhang}) = 4788 \# \text{ Total Roof Load}$
 Floor Load: $6' \times 50 \text{ psf} = 300 \times 5' = + 1500 \# \text{ Total Floor Load}$
6288 # Total Load

Intermediate Footing:

Roof Load: $* 2' \times 57 \text{ psf} = 114 \times 10' (\frac{1}{2} \text{ the beam each way}) = 1140 \# \text{ Total Roof Load}$
 Floor Load: $6' \times 50 \text{ psf} = 300 \times 10' (\frac{1}{2} \text{ the beam each way}) = + 3000 \# \text{ Total Floor Load}$
*** (The above roof load span of 2' is the 1' overhang + 1' to next truss) 4140 # Total Load**



Example: Size Footing

DESIGN CRITERIA:

FLOOR LOAD 40# LL. 10# D.L.

TOTAL LOAD 50# PSF

SOIL BEARING CAPACITY 2000 PSF

CONCRETE: 2500 PSI UNREINFORCED

FORMULA:

$\frac{1}{2}$ SPAN x LOAD x $\frac{1}{2}$ POST SPAN

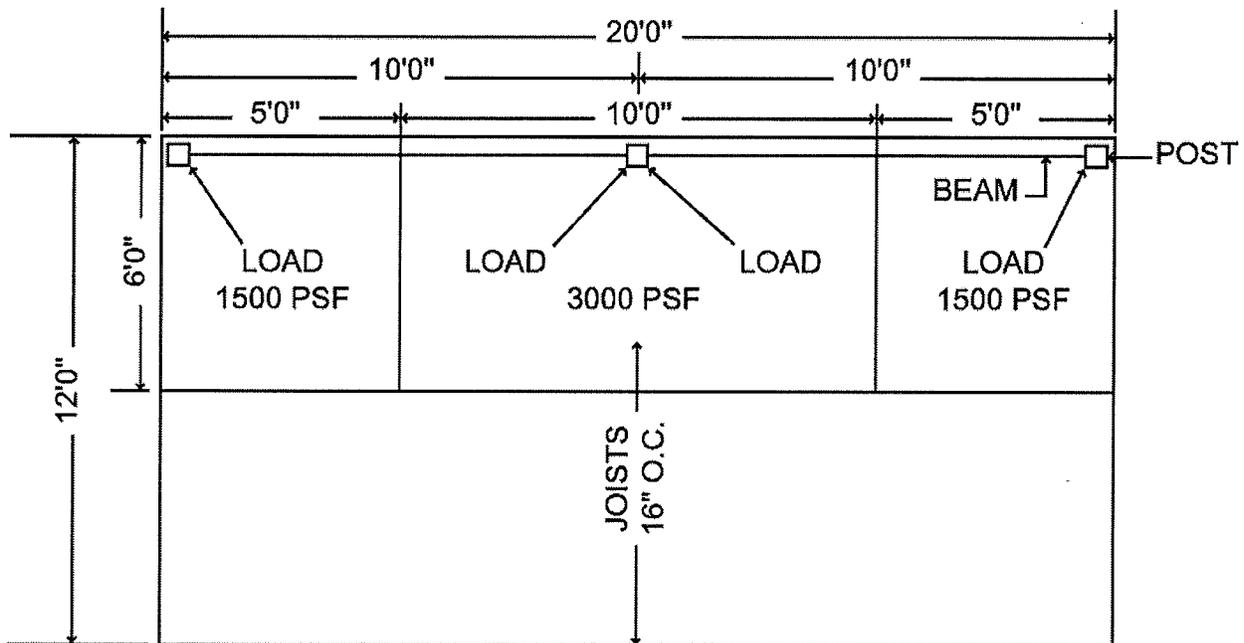
CORNER POSTS: $6'-0'' \times 50\# = 300 \times 5'-0'' = 1500$ PSF TOTAL LOAD

CENTER POST $6'-0'' \times 50 = 300 \times 10'-0'' = 3000$ PSF TOTAL LOAD

FOOTING SIZE FROM CHART:

CORNER FOOTING – ROUND $12'' \times 8''$ SQUARE FOOTING $11'' \times 11'' \times 8''$

CENTER FOOTING ROUND $17'' \times 10''$ SQUARE FOOTING $15'' \times 15'' \times 8''$



DECK FOUNDATION PLAN $\frac{1}{4}'' = 1'-0''$

Beam Sizing Example

10' Beam Span

Determine the amount of floor load bearing on the beam, example below.
 $(\frac{1}{2} \times 12' = 6') + (\frac{1}{2} \times 12' = 6') = 12'$ of floor bearing on beam.

Determine Load: 40 psf live load + 10 psf dead load = 50 psf (pounds per square foot)
 $50 \text{ psf} \times 12' = 600 \text{ plf}$ (pounds per lineal foot) of beam

Determine Total Beam Load: $600 \text{ plf} \times 10'$ (beam length) = 6000 total pounds

Using the **Allowable Total Loads for Beams Supporting Floors** table, look at 10' span on chart.

Example: Using the **Hem-Fir Floor Beam Chart**, it indicates as you go across the 10' span line, a 3 – 2x12's beam will carry 6202 Total Pounds, which is greater than the total beam load above. Therefore, 3 – 2x12's Hem-Fir would work in this situation.

Allowable Total Loads for Beams Supporting Floors

Span in ft.	2 x 6 fb = 1270 psi				Hem-Fir 2 x 8 fb = 1175 psi				No. 2 Grade 2 x 10 fb = 1075 psi				2 x 12 fb = 980 psi			
	Number of Members				Number of Members				Number of Members				Number of Members			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
9	618	1236	1854	2472	995	1990	3431	4575	1482	2963	5110	6813	1997	3994	6891	9188
10	501	1001	1502	2003	895	1791	3088	4118	1333	2667	4599	6132	1797	3594	6202	8269
11	414	828	1241	1655	814	1628	2807	3743	1212	2424	4181	5575	1634	3268	5638	7517

Floor Load Only

