



Structural Engineering & Design, Inc.

1815 Wright Avenue
La Verne, CA. 91750

v. 909.596.1351 f. 909.596.7186

Please send all prelim requests to
bob@scedinc.com & abby@scedinc.com

Include any additional sketches or notes to illustrate the rack system better.

Rack Prelim Request		Date: _____	
Requested By: _____	Project Name: _____		
Company: _____	Project Address: _____		
Phone: _____	_____		
Email: _____	_____		
Configuration			
Manufacturer: _____			
Configuration Name: _____			Single Row <input type="checkbox"/>
Number of Levels: _____			Double Row <input type="checkbox"/>
Load per Level: _____			
Frame			
Size: _____			
Gauge: _____			
Backer: Yes <input type="checkbox"/> No <input type="checkbox"/> How High? _____			
Beam			
Size: _____	Connector Type: _____		
Base Plate			
Width: _____	Thickness: _____		
Depth: _____	# Holes: _____		
Floor	Soil Strength (psf) _____	Anchors	
Slab Thickness: _____		Indicate preferred anchor, if applicable.	
Concrete Strength (psi): _____			
Notes			