



Rack of Tiers

Material Handling Permit Services

7719 Edison Ave, Fontana, Ca 92336
 phone: (626)454-1500
 Please send all prelim requests to
 info@rackoftiers.com

Cantilever Rack Prelim Request

Date: _____

Requested By: _____ Project Name: _____
 Company: _____ Project Address: _____
 Phone: _____
 Fax: _____ Please include any additional sketches or notes that would help illustrate the rack system better.

Configuration

Configuration Name: _____ Single Face
 # of Arm Levels: _____ Double Face
 Load per Arm _____

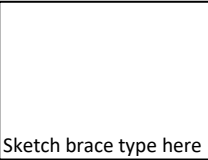
Frame

Mfg _____
 Column Type _____
 Column Spacing _____

Arm

Mfg Type: _____ Length: _____

X Brace

X Brace: _____
 Panel Height: _____ Sketch brace type here 

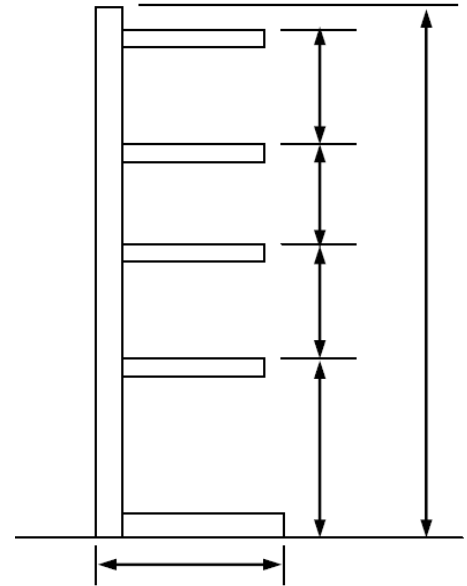
Slab

Slab Thickness: _____ Slab Reinforcing _____
 Concrete Strength (psi) _____ Soil Strength: _____

Anchors

Indicate preferred anchor, if applicable.

Notes



Sketch & Dimension Rack Elevation Here