Rack of Tiers
Material Handling Permit Services

7719 Edison Ave, Fontana, Ca 92336
phone: (909) 923-6866
Please send all prelim requests to
info@rackoftiers.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: _____

Fax: _____

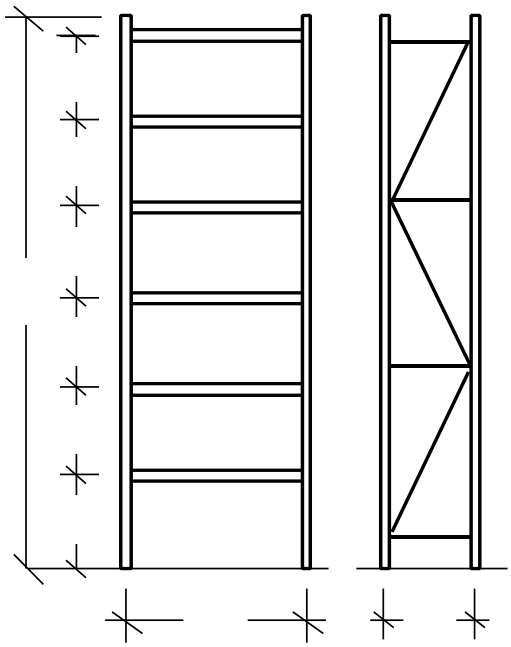
Configuration

Manufacturer: _____

Configuration Name: _____ Single Row ☐

Number of Levels: _____ Double Row ☐

Load per Level: _____



Frame

Size: _____

Gauge: _____

Backer: Yes ☐ No ☐ How High? _____

Beam

Size: _____ Connector Type: _____

Base Plate

Width: _____ Thickness: _____

Depth: _____ # Holes: _____

Floor

Slab Thickness: _____" Soil Strength (psi) _____

Concrete Strength (psi): _____

Anchors

Indicate preferred anchor, if applicable.

_____

Notes