

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

Alger County Building Code Administration

Construction Codes/Plan Review

Phone 387-2727
101 Court Street
Munising, MI 49862

PERMIT #

AUTHORITY: P.A. 230 OF 1972, AS AMENDED
COMPLETION: MANDATORY TO OBTAIN PERMIT
PENALTY: APPLICATION MUST BE COMPLETED, SIGNED, OR IT WILL NOT BE ISSUED.

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI
NOTE: SEPARATE APPLICATIONS MUST BE MADE TO THE APPROPRIATE DIVISION
FOR PLUMBING, MECHANICAL AND ELECTRICAL WORK PERMITS

I. LOCATION OF BUILDING - Will you be building within 500 ft. of water or excavating more than one acre? Yes No				
ADDRESS		FIRE NO.		
CITY/VILLAGE	TOWNSHIP	COUNTY	ZIP CODE	
BETWEEN		AND		
II. TAX I.D. # <u>02</u> - - - - -		SEC. _____ T _____ N R _____ W OR LOT # _____		
A. OWNER OR LESSEE				
NAME		TELEPHONE NO.		
ADDRESS	CITY	STATE	ZIP CODE	
B. ARCHITECT OR ENGINEER				
NAME		TELEPHONE NO.		
ADDRESS	CITY	STATE	ZIP CODE	
LICENSE NUMBER	EXPIRATION DATE			
C. CONTRACTOR				
NAME		TELEPHONE NO.		
ADDRESS	CITY	STATE	ZIP CODE	
BUILDERS LICENSE NUMBER	EXPIRATION DATE			
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION				
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION				
III. TYPE OF IMPROVEMENT AND PLAN REVIEW				
A. TYPE OF IMPROVEMENT				
1. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> WRECKING	7. <input type="checkbox"/> FOUNDATION ONLY	9. <input type="checkbox"/> RELOCATION
2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOBILE HOME SET-UP	8. <input type="checkbox"/> PREMANUFACTURE	
B. REVIEW(S) TO BE PERFORMED				
<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> PLUMBING - STATE	<input type="checkbox"/> MECHANICAL - STATE	<input type="checkbox"/> ENERGY

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

- | | | | |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> ONE FAMILY | <input type="checkbox"/> DETACHED GARAGE | <input type="checkbox"/> ROOF STRUCTURE | <input type="checkbox"/> ADDITION |
| <input type="checkbox"/> GARAGE | | | |
| <input type="checkbox"/> DECK | | | |
| <input type="checkbox"/> TWO OR MORE FAMILY
(NO. OF UNITS _____) | <input type="checkbox"/> ATTACHED GARAGE | <input type="checkbox"/> POLE BARN | <input type="checkbox"/> OTHER |

B. NON-RESIDENTIAL

- | | | |
|---|---|---|
| <input type="checkbox"/> AMUSEMENT | <input type="checkbox"/> SERVICE STATION | <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL |
| <input type="checkbox"/> CHURCH, RELIGION | <input type="checkbox"/> HOSPITAL, INSTITUTIONAL | <input type="checkbox"/> STORE, MERCANTILE |
| <input type="checkbox"/> INDUSTRIAL | <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | <input type="checkbox"/> TANKS, TOWERS |
| <input type="checkbox"/> PARKING GARAGE | <input type="checkbox"/> PUBLIC UTILITY | <input type="checkbox"/> HOTEL ETC. |

C. COST

(OMIT CENTS)

19. COST OF IMPROVEMENT \$ _____
To be installed but not included in the above cost
- A. ELECTRICAL _____
 B. PLUMBING _____
 C. HEATING, AIR CONDITIONING _____
 D. OTHER (ELEVATOR, ETC.) _____
20. TOTAL COST OF IMPROVEMENT \$ _____

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

1. MASONRY, WALL BEARING 2. WOOD FRAME 3. STRUCTURAL STEEL 4. REINFORCED CONCRETE 5. OTHER

B. PRINCIPAL TYPE OF HEATING FUEL

6. GAS 7. OIL 8. ELECTRICITY 9. COAL 10. OTHER

C. TYPE OF SEWAGE DISPOSAL

11. PUBLIC OR PRIVATE COMPANY 12. SEPTIC SYSTEM

D. TYPE OF WATER SUPPLY

13. PUBLIC OR PRIVATE COMPANY 14. PRIVATE WELL OR CISTERN

E. TYPE OF MECHANICAL

15. WILL THERE BE AIR CONDITIONING? YES NO 16. WILL THERE BE AN ELEVATOR? YES NO

F. DIMENSIONS

- | | |
|---|--|
| 17. NUMBER OF STORIES _____ | 18. RESIDENTIAL BUILDINGS ONLY |
| WIDTH X LENGTH - 1 st FLOOR X _____ | NUMBER OF BEDROOMS _____ |
| WIDTH X LENGTH - 2 nd FLOOR X _____ | NUMBER OF BATHROOMS { FULL _____ |
| TOTAL SQUARE FEET - LIVING AREA _____ | { PARTIAL _____ |
| WIDTH X LENGTH - GARAGE X _____ | |
| WIDTH X LENGTH - DECK X _____ | |

VI. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
		DATE	

I HEREBY CERTIFY 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 WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SECTION 23A OF THE STATE CONSTRUCTION CODE ACT OF 1972, ACT NO. 230 OF THE PUBLIC ACTS OF 1972, BEING SECTION 125.1523A OF THE MICHIGAN COMPILED LAWS, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THIS STATE RELATING TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23A ARE SUBJECT TO CIVIL FINES.

	OR STATE ACCOUNT NUMBER
--	-------------------------

SIGNATURE OF APPLICANT

VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS					
	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - FIRE NUMBER	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - DRIVEWAY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G - ELECTRICAL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H - MECHANICAL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I - PLUMBING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

NOTES AND DATA

FOOTINGS - _____

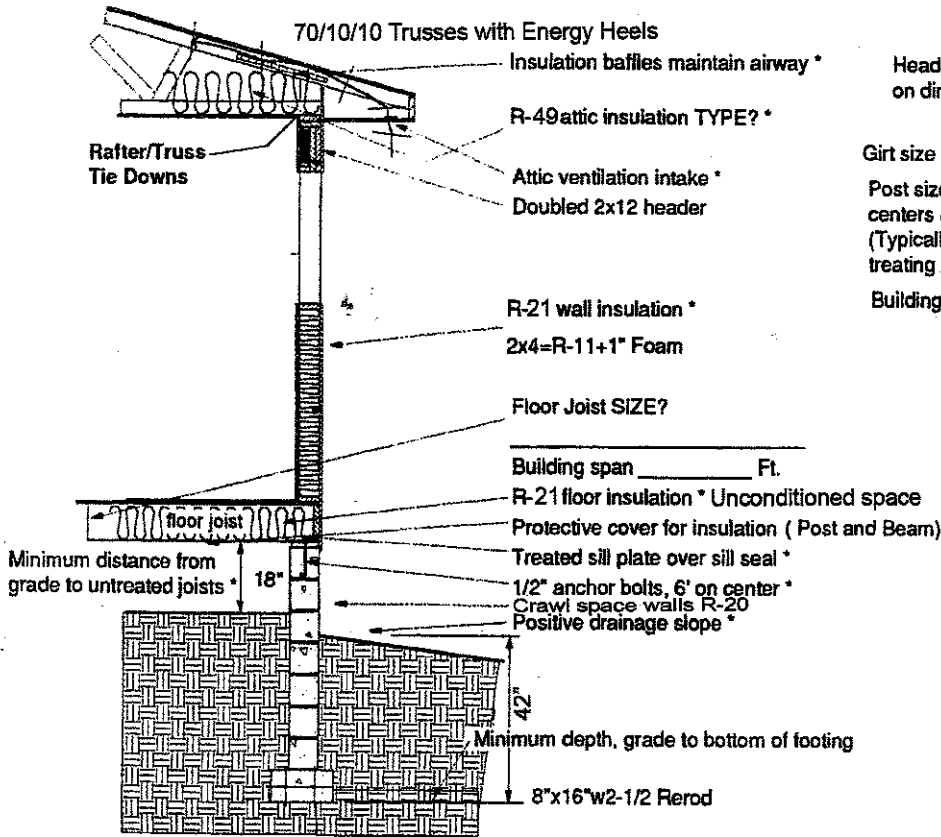
ROUGH - _____

FINAL - _____

C. OF O. - _____

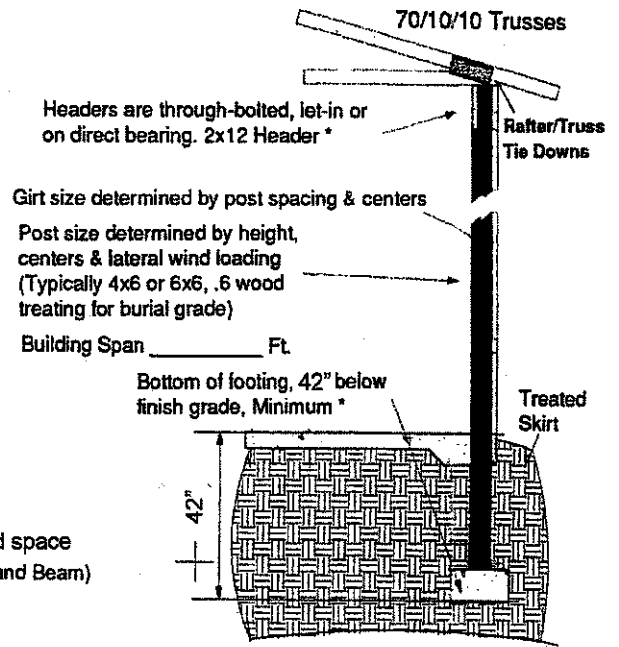
BUILDING PERMIT NUMBER	PERMIT FEE	APPROVAL SIGNATURE
ISSUE DATE	PLAN REVIEW FEE	
REC #	TOTAL	
		TITLE

FILL IN APPROPRIATE INFORMATION

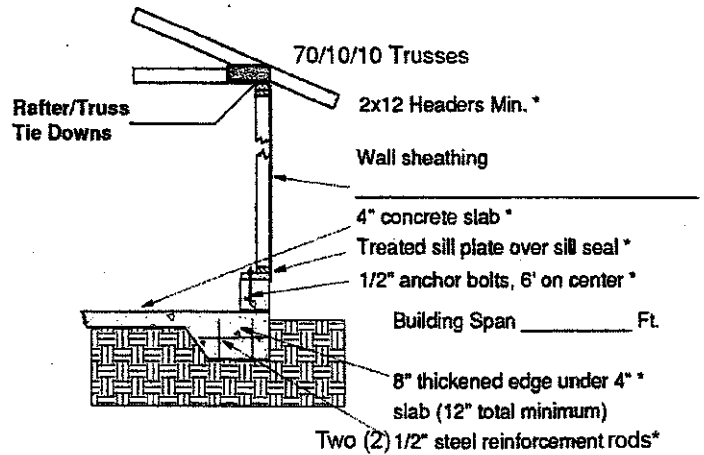


Dwelling

— Notes —



Pole Structure



Monolithic Pour (Mono Slab)

CODE * Requirements

Alger County

Building & Soil Erosion Department

Joe Cilec

Building Code Administrator

101 Court Street, Munising, MI 49862

Phone: (906)387-2727 Fax: (906)387-5727

E-mail: buildingcodes@algercounty.gov

HOW TO APPLY FOR A BUILDING PERMIT

1. Building permits **are required** for:
 - a. All new construction such as homes, mobile homes, camps, additions, garages, saunas, decks, porches, and storage buildings. Anything structural in nature.
 - b. Alterations and repairs of structural importance.
 - c. Demolition or removal of buildings.
 - d. Any change to the use of a building (converting a house to an apartment, or office, etc.)
 - e. *** **"All Commercial Work."** ***
2. **All Applications** can be obtained at the Alger County Building Code Department, **however, the applications need to be submitted to the appropriate agency.**
3. With your application please submit the following:
 - a. 1 copy, for residential jobs and 2 copies for commercial jobs, of your plans which include:
 - ☞ (1) **Plot Plan** - Size and location of structures on the property including distances to lot lines, roads, bodies of water, and propane tanks.
 - ☞ (2) **Floor Plan** - Include all room sizes, door and window sizes and locations.
*** **NOTE: A Permit will not be issued without a floor plan.*****
 - ☞ (3) **Cross Section Drawing** - On the back page of the application. Please fill it out. If trusses will be used, provide a copy of the **manufacturer's spec sheet.**
 - ☞ (4) **Elevation** of the lowest floor if the building is in a Flood Plane.
 - b. Soil Erosion and/or Zoning approval from the appropriate agency.
Jason McCarthy - Autrain Township 001, P# 906-399-1808
Calvin McShane Burt Township 002, P# 906-450-3033
Jason McCarthy - Mathias Township 005, Ph # 906-399-1808
John Chauver - Grand Island Township 003=Ph # 906-892-8257
Mike Tietjen - Munising Township 006, P# - 906-573-3333
Mike Tietjen - Onota Township 007, P# 906-573-3333
Limestone Township 004 does not have zoning.
Mike Tietjen - Rock River Township 008, P# 906-573-3333
Paul Whitmarsh - Chatham 048, Ph # 906-439-5215
Lisa Grahovac- City of Munising 051- 906-387-2095
Joe Cilec - **County Enforcing Agent**- Soil Erosion Program- 906-387-2727
 - ☞ A Soil Erosion and Sedimentation Control (Part 91 of Act 451 of 1994) Permit is **required for earth changes** that are located within 500 feet of a lake or stream and for **earth changes** that are one acre(43,560 sq. ft-209' x 209')or more in surface area, regardless of the location. Applications are available at the Building Department.
 - c. Well and Septic installation approval by L.M.A.S. District Health Department.
Thaddeus Lewandowski, . Ph # 906-387-2297 ext. 411
 - d. 911 Number (Required) thru the Alger County Sheriff's Department.
Todd Brock - Sheriff - Ph # 906-387-4444
 - e. Driveway Permit
Robert Lindbeck - County roads- A.C.R.C.- Ph # 906-387- 2042
Rich Gagnon - State roads- M.D.O.T.- Ph # 906-786-1830 ext. 352
 - f. Legal description of your property and property identification (tax) number.
Township, range, and section (or lot number) & Tax # 02-000-000-000-00
4. **Building permits cannot be issued without Soil Erosion and/or Zoning and or Health Department approval.**
5. **Do not start construction until the building permit has been issued.**

6. **NOTICE!** Presuent to Public Act 135 of 1986 as amended:

All persons engaged in a demolition – with or without asbestos containing materials (ACM) – or a renovation of a commercial building **must submit a notification** to the Michigan Department of Environmental Quality (MDEQ), Air Quality Division (AQD), at least 10 working days prior to the start of the project. Any questions on these regulations can be directed to Mr. Joel Asher, NESHAP Asbestos Inspector, MDEQ, AQE, at (906) 346-8502.

IMPORTANT

NOTE!!! ALL COMMERCIAL WORK REQUIRES A BUILDING PERMIT

When your building permit is for an addition to a home and the addition consists of two (2) or more bedrooms you need to contact the L.M.A.S. District Health Department at 387-2297 extension 111, Thaddeus Lewandowski, to have your existing septic system approved for these additional bedrooms. Also only one(1) dwelling unit per septic system.

Any restaurant and/or bar that remodels or in any way makes changes to the food preparation rooms or areas must contact the L.M.A.S. Health Department for approval and has to have a Building Permit.

Furthermore, any excavation within 10 feet of an existing septic system, no matter the reason, ie: utility structure, detached garage, likewise needs approval of the Health Department.

Building permits cannot be issued without Zoning and/or Health Departments approval.

DO NOT START CONSTRUCTION UNTIL A BUILDING PERMIT HAS BEEN ISSUED:

Alger County

Building & Soil Erosion Department
Joe Cllc
Building Code Administrator
101 Court Street, Munising, MI 49862
Phone: (906)387-2727 Fax: (906)387-5727
E-mail: buildingcodes@algercounty.gov

FOLLOW THESE STEPS WHILE FILLING OUT THIS BUILDING PERMIT APPLICATION

- I. **LOCATION OF BUILDING-** Will you be building within 500 ft. of water or excavating more than one acre (equal to 208'x 208'+)? If so, you **will** need a Soil Erosion permit obtained at the building department.

ADDRESS- Address of the building site, fire number when applicable.
CITY/VILLAGE, TOWNSHIP, AND ZIP CODE- of the building site.
BETWEEN- Give good directions to the building site.

- II. **TAX ID.# and LEGAL DESCRIPTION-** found on your tax bill.
- A. **OWNER OR LESSEE-** Owner of the building site.
ADDRESS- Mailing address of the owner of the building site.
CITY, STATE, AND ZIP CODE- of the owner of the building site.
- II. **ARCHITECT OR ENGINEER-** Applies to residential construction over 3500 sq. ft. and **ALL commercial construction**.
- III. **CONTRACTOR-** List the contractor you are using and all the appropriate information or if you are doing the work yourself, state that.
- III. **TYPE OF IMPROVEMENT AND PLAN REVIEW**
- I. **TYPE OF IMPROVEMENT-** Check the appropriate category.
- II. **REVIEW(S) TO BE PERFORMED-** **Building only!**
- IV. **PROPOSED USE OF BUILDING**
- A. **RESIDENTIAL-** Check the appropriate use. *Other-* would be a pole barn, addition, deck, porch, or any alteration- and than state which one.
- B. **NON-RESIDENTIAL (COMMERCIAL)-** Same as above.
- C. **COST-** Self explanatory.
- V. **SELECTED CHARACTERISTICS OF BUILDING-** A. thru E. and G. are not always applicable to all permit applications. The important one is F.
- VI. **APPLICANT INFORMATION-** Name, telephone number, and mailing information is important.

*** USE THE BACK PAGE TO PROVIDE CROSS SECTION AND FLOOR PLAN DRAWINGS *
THE CROSS SECTION MUST CONTAIN VIEWS OF THE RAFTERS/TRUSSES, ROOF
SHEATHING, HEADERS, PLATES, FLOOR JOIST AND BAND JOIST, FLOOR SHEATHING,
TREATED SILL PLATE, AND JOIST SUPPORT BEAM AND COLUMNS. FLOOR PLAN TO
SHOW THE BEDROOM EGRESS WINDOW SIZES AND ATTIC ACCESS.**

COUNTY of ALGER

Building and Soil Erosion Department
Joe Cillc
Building Code Administrator
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REQUIRED INSPECTIONS

The following policies regarding inspections are now in effect:

INSPECTIONS- It is the responsibility of the permit holder to arrange for inspection of all work before it is covered and call for a inspection in a timely manner. This should be done by calling the Building Code Department at least ***2 working days in advance*** at 906-387-2727.

Please have your permit number ready.

In general, the following inspections are required:

FOOTINGS FORM INSPECTION- made after trenches and basement areas are excavated and forms erected, prior to placing concrete.

FOUNDATION INSPECTION- to be made when foundation, damp proofing and drain tile are complete and ready to backfill. Not required for building on slab)

FRAMING INSPECTION- to be made when building is ready for insulation and interior wall covering. (After plumbing, electric, and heating are complete)

INSULATION INSPECTION - after all insulation has been installed and before any finish work is installed.

FINAL INSPECTION- to be made when all work under the permit is complete and the building is ready for occupancy.

-----ALL WORK MUST BE INSPECTED PRIOR TO BEING COVERED-----

If you cover the work without an Inspection, You will be made to open the wall.

Compliance with the plans approved by this department is required and any change in those plans must be approved by this department and the property owner or lessee prior to construction.

This department has the right to reject any concealed work. If this department rejects such work, the work shall be exposed, at the responsible party's expense, for the inspection.

This department cannot guarantee the availability of our inspectors with less than a 2 working day notice. There will be a \$75.00 fee for special and/or additional inspections.

The permit holder or their designated representative shall see to it that the above conditions are met.

NOTICE TO HOME OWNERS

Taking out a Homeowner Permit puts all the Liability and Responsibility for the Construction on the Homeowner if the Homeowner hires a non licenced person to do the work!

If the Homeowner hires a non licence person, the Homeowner could be Prosecuted!

This office must have the name and licence # of the person you hire.

I understand that if I do not call for Inspections, I will be responsible for digging up foundation and or opening up walls for Inspections.

I understand that I am responsible for the building permit.

Signed: -----

Date -----

NOTICE

Anyone offering to do work which totals \$ 600
Or more in labor and materials **MUST be Licensed.**
ALL NON LISENCED PERSONS WILL BE PROSCUTED!

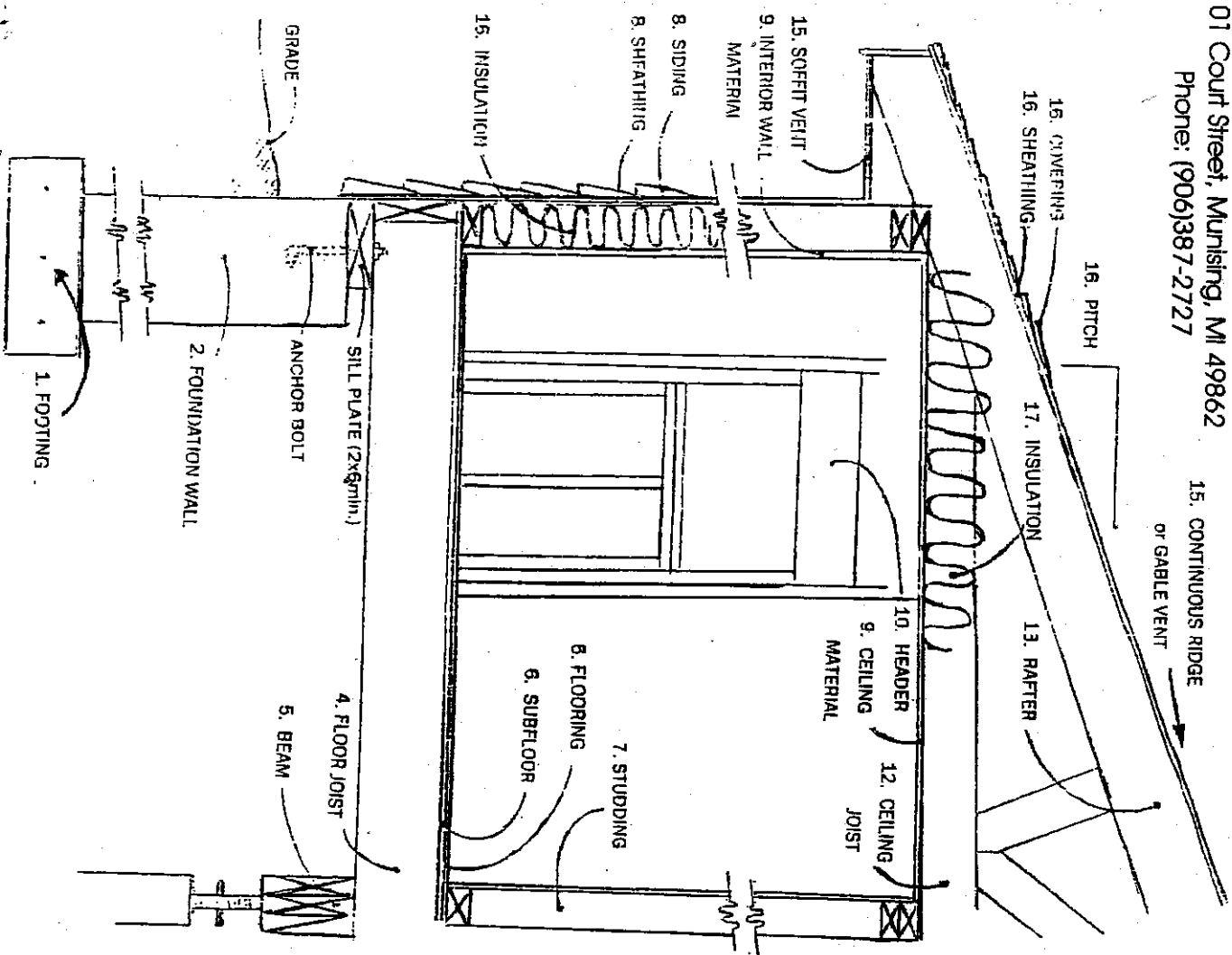
A Residential Builder's license allows a Contractor to build a complete residential Structure and to do maintenance & alteration (Remodeling) work on a residential structure.

A Maintenance & Alteration License Indicates that the holder has met requirements For trades, such as basement waterproofing, Carpentry, concrete, excavation, demo, Insulation, missionary, painting, gutters, roofing, Siding, swimming pools, and tile and marble. The trades for which a maintenance & alteration contractor Is qualified to practice are listed on the license Issued by C.I.S.

C. I. S. License Verification 517-241-9288

ALGER COUNTY

Joe Clic
 Building Department Administrator
 101 Court Street, Munising, MI 49862
 Phone: (906)387-2727



SINGLE FAMILY DWELLINGS & ADDITIONS SPECIFICATIONS

1. Footings: Width: _____ " Depth: _____ " "Rounded" _____
2. Foundation Wall: Material _____ " Depth: _____ " _____
3. Number of crawl space vents/basement windows _____
4. Floor joists _____ x _____ "s, O.C. Span _____
5. Type of beam (if used) _____ Size: _____
6. Subfloor material _____ Flooring: _____
7. Studs: Size _____ x _____ "s, "O.C. _____
8. Exterior sheathing _____ Exterior Siding _____
9. Interior wall & ceiling material _____
10. Header size: Window _____ x _____ Door _____ x _____
11. Height of bedroom window(s) from floor (to opening) _____
12. Ceiling joists: Size _____ x _____ "s, "O.C. Span _____
13. Rafter: Size _____ x _____ "s, "O.C. Span _____
14. Engineered trusses? Yes _____ No _____ **NOTE: Spec Sheet must be included with application for plan review.**
15. Attic Designation: Storage _____ Non-Storage _____
16. Type(s) of venting _____
17. Roof: Pitch _____ Sheathing _____ (Covering) _____
18. Insulation thickness & material or R value:
 Ceiling _____ Walls _____ Other _____
19. Floor plan: Include all room uses and sizes, and floor and window types, sizes, and locations (may be sketched on back)
20. Additional Comments: _____

*LAMINATED HEADERS, BEAMS, TRUSSES, AND MANUFACTURED FLOOR SYSTEMS MUST BE ENGINEERED.

DECKS FOR SINGLE-FAMILY DWELLINGS

A. SIZE OF DECK MATERIAL _____.

I. SIZE OF BEAM _____.

B. SPACING MUST BE UNDER 4 INCHES.

J. FOOTING THICKNESS _____.

C. GUARDRAILS MUST BE AT LEAST 36" HIGH.

K. SIZE OF FOOTING _____ X _____.

D. JOIST SPACING _____ INCHES O.C.
NOTE: (JOIST HANGERS MAY BE REQUIRED)

L. SPACING OF POSTS _____ O.C. &
SIZE OF POSTS _____ X _____.

E. SIZE OF JOIST _____ X _____.

M. FOOTING DEPTH BELOW FINISHED GRADE.

F. LENGTH OF JOIST _____.

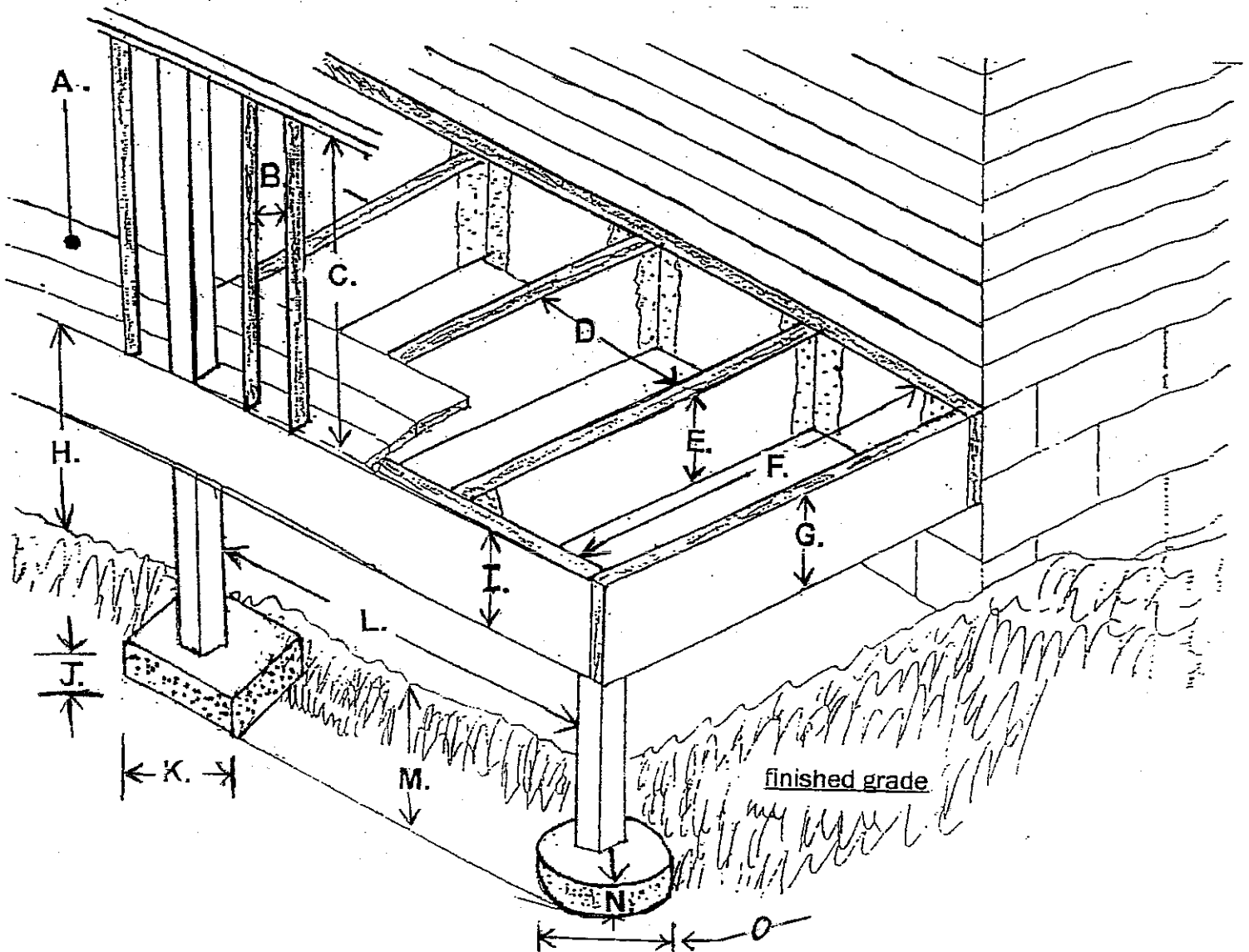
N. FOOTING THICKNESS _____.

G. SIZE OF RIM BOARD _____.

O. FOOTING DIAMETER _____.

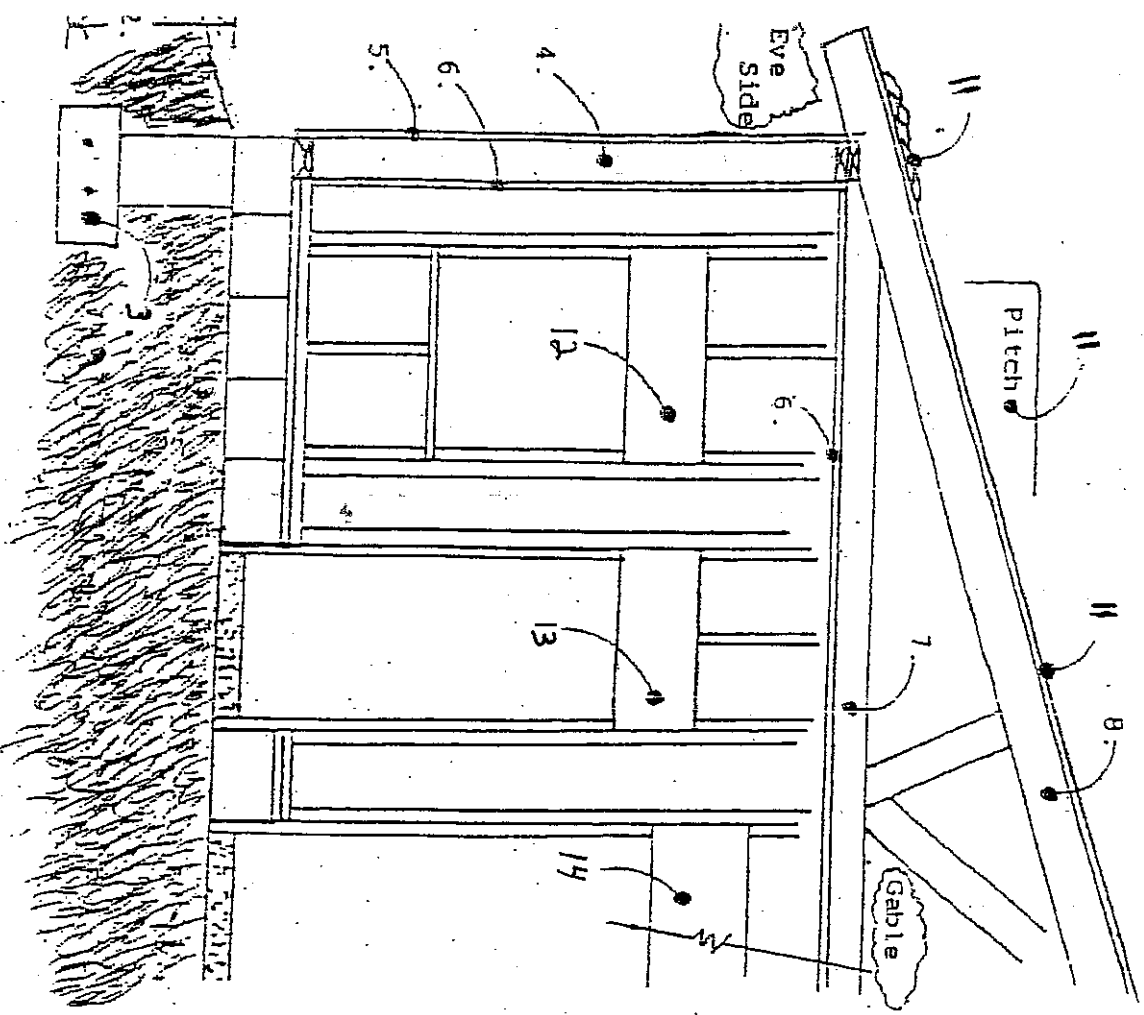
H. HEIGHT OF DECK FROM GRADE _____.

NOTE: THIS DRAWING IS INTENDED TO OBTAIN INFORMATION NEEDED TO ISSUE A BUILDING PERMIT FOR A SINGLE-FAMILY DWELLING DECK, AND NOT A DESIGN DRAWING FOR A DECK. A DRAWING IS ALSO REQUIRED THAT INDICATES THE SIZE OF THE DECK, LOCATION OF ALL SUPPORTS AND STAIRS.



ALGER COUNTY

Building Department
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 Building Administrator
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RESIDENTIAL GARAGES & ACCESSORY BUILDING SPECIFICATIONS

1. Attached to dwelling? Yes No
 2. Foundation depth below finished grade _____
 3. Footings: Width _____ " Depth _____ " Rodder? _____
 *Mono-slab footing depth is minimum 12" below finished grade.
 4. Studs: Size _____ " x _____ " s _____ " O.C. _____
 5. Exterior sheathing: _____
 6. Interior wall & ceiling material: _____
 7. Ceiling joist: Size _____ " x _____ " s _____ " O.C. Span _____
 8. Rafters: Size _____ " x _____ " s _____ " O.C. Span _____
 9. Engineered Trusses? Yes No
 NOTE: Spec sheet must be included with application for plan review.
 10. Attic Designation: Storage Non-Storage
 11. Roof: Pitch _____ Sheathing _____ Covering _____
 12. Header Size: Windows _____ " x _____ " s Span _____
 NOTE: Location of header? Eye Side _____ or Gable _____
 13. Header size: Man door _____ " x _____ " s Span _____
 NOTE: Location of header? Eye Side _____ or Gable _____
 14. Header size: Garage door _____ " x _____ " s Span _____
 NOTE: Location of header? Eye Side _____ or Gable _____
- Additional Comments: _____

*LAMINATED HEADERS, BEAMS AND TRUSSES MUST BE ENGINEERED.
 **SPEC SHEET MUST BE INCLUDED WITH APPLICATION FOR PLAN REVIEW.

POLE BUILDING - SPECIFICATIONS

1. TRUSS: _____ O.C. SPAN _____
NOTE: TRUSS SPECS MUST BE INCLUDED WITH APPLICATION FOR PLAN REVIEW.

2. TYPE OF ROOF COVERING: _____

3. SIZE OF PURLINS: " _____ " x " _____ "
 _____ O.C. FLAT:
 ON EDGE: _____

4. SIZE OF TOP GIRTS: _____ x _____ "

5. HEADER SIZE: _____ " x _____ "
 SPAN _____

6. POLES: _____ " x _____ " : _____ ' O.C.

7. GIRTS: _____ " x _____ " , _____ " O.C.

8. HEIGHT OF POLES: _____ ' _____ "

9. WALL COVERING: _____

10. BOTTOM GIRT MUST BE TREATED

11. DEPTH BELOW FINISHED GRADE: _____ "

12. THICKNESS OF FOOTING: _____ "

13. WIDTH OF FOOTING _____ "
 OR DIAMETER _____ "

