



MEZZANINE DATA SHEET

Customer: _____ Date: _____

Address: _____

Nearest Cross Street for directions and Plot Plan: _____

Contact: _____ Email: _____

Phone: _____ Fax: _____ Cell: _____

Drawings, Sketches and Pictures are better than words – when in doubt, sketch it out!

- 1) Use of Mezzanine: _____
- 2) Mezzanine Length: _____ Width: _____
- 3) Deck Height: _____
- 4) Clear Height Under: _____
- 5) Capacity (psf): _____
- 6) Stairs: _____ Top Landing: _____ Mid Landing: _____ OSHA: _____ or BOCA: _____
- 7) Deck Material: Plywood & B-Deck: _____ Bar Grating: _____ Other: _____
- 8) Type of Gate: Lift Out Section: _____ Swing: _____ Safety: _____ Width: _____
- 9) Will there be Pallet Jacks used on the mezzanine? Yes No
- 10) Support Columns: Few as Possible? Yes No Lowest Cost? Yes No
- 11) Support Frame - Structural Channel: _____ Bar Joist: _____
- 12) Building Clear Height to Lights: _____ Joists, Steel or Sprinklers: _____
- 13) Building Column Size: _____ Shape: _____ Taper?: _____ Wind Bracing?: _____
- 14) Overall Bldg Dims: _____ x _____ Bldg Col. Grid: _____ x _____ Back Wall to Col.: _____
- 15) Obstructions: _____
(Heaters, Door Tracks, Motors, Electrical Panels, etc.)
- 16) Condition of Floor: _____ Curb?: _____
- 17) Floor Conc. Thickness: _____ Floor PSI Rating: _____ Soil Bearing: _____
- 18) Building Layout Drawing exists? Yes No AutoCad
- 19) Special Color? Yes No Specifications or Chip available?



ACCESSORY CHECK LIST

- 20) Pallet Drop Zone: _____ Skid Plate: _____
- 21) Column Protection Barrier Rail: _____
- 22) Column Sentry - Height: _____ Qty: _____
- 23) VRC: _____ Incline Conveyor: _____ Chute: _____ (describe details on separate sheet)

INSTALLATION

- 24) Installation Hours: _____ Nights Sat. Sun. Security Concerns
- 25) Clear Work Area? _____ Work Area near Dock Doors: _____
- 26) Drive Trailers Inside: _____ Grade or Dock Wells? _____ How Many Doors: _____

MUNICIPALITY

- 27) Permit: _____ Seismic Calc: _____ Stamped Dwg: _____ How Many: _____
- 28) Contact Person: _____ Phone: _____ Fax: _____
- 29) Address: _____ Email: _____
- 30) Plan Check Fee: \$ _____ Permit Cost Calculation: \$ _____
- 31) Fire Marshal: _____ Phone: _____ Fax: _____
- 32) Address: _____ Fee: \$ _____

Fire and Life Safety

- 33) Exit Locations: _____ Office Doors: _____
- 34) Sprinkler Head Clearance: _____ Main Sprinkler Feed Line Clearance: _____
(measure to pipe and add 5" for Head pointing up or deduct 5"for Head pointing down)
- 35) Sprinkler Riser Locations: _____ Test Valve Locations: _____
- 36) Info from plate on Sprinkler Riser: _____
(flow rate, GPM, note pipe sizes)
- 37) Draft Curtain Locations: _____ Skylight/Smoke Vent locations: _____
- 38) Drawings Available?
- 39) **Misc. Observations, Details and Customer Comments:**
