

CHAFFEE COUNTY BUILDING DEPARTMENT

P.O. BOX 699
SALIDA, COLORADO 81201

PHONE: (719) 539-2124

FAX: (719) 530-9208

Owner Brackean Date 5-23-00 Contractor _____

Location ~~32800~~ Ponderosa

Type of Inspection 18480 Final Approved Disapproved

Information or Corrections:

① Door to garage from house must self-close

Final o.k.

subject to above

Finalized
7/9/01
per RM

**AFTER CORRECTIONS ARE COMPLETE
PLEASE CALL FOR A REINSPECTION**

Time of Arrival _____

Time of Departure _____

Inspector [Signature]

CHAFFEE COUNTY BUILDING DEPARTMENT

P.O. BOX 699
SALIDA COLORADO 81201

PHONE: (719) 539-2124

FAX: (719) 539-7442

Owner Bracken Date 1230-99 Contractor _____

Location 32800 Ponderosa

Type of Inspection ceiling Ins Approved Disapproved

Information or Corrections:

R-20 ceiling

2 layer of Blue foam 2"

ok to cover

**AFTER CORRECTIONS ARE COMPLETE,
PLEASE CALL FOR A REINSPECTION.**

Time of Arrival _____

Time of Departure _____

Inspector Edel Bracken

CHAFFEE COUNTY BUILDING DEPARTMENT

P.O. BOX 699
SALIDA COLORADO 81201

PHONE: (719) 539-2124

FAX: (719) 539-7442

Owner Boucker Date 12-6-99 Contractor _____

Location 18480 Ponderosa

Type of Inspection re-sheetrock Approved Disapproved

Information or Corrections: 32800 Ponderosa

Ceiling on 12" o.c.

2 screws per field will be accepted
if screws are added where further apart
than $\frac{16"}{}$

O.K. To finish after correcting

**AFTER CORRECTIONS ARE COMPLETE,
PLEASE CALL FOR A REINSPECTION.**

Time of Arrival _____

Time of Departure _____

Inspector [Signature]

CHAFFEE COUNTY BUILDING DEPARTMENT

P.O. BOX 699

SALIDA COLORADO 81201

PHONE: (719) 539-2124

FAX: (719) 539-7442

Owner Brocken Date 12-3-99 Contractor _____

Location 32800 Bonanza

Type of Inspection Drum Approved Disapproved

Information or Corrections:

need 4 screws per field in ceiling 5/8

only walls o.k. to finish

**AFTER CORRECTIONS ARE COMPLETE,
PLEASE CALL FOR A REINSPECTION.**

Time of Arrival _____

Time of Departure _____

Inspector [Signature]

CHAFFEE COUNTY BUILDING DEPARTMENT

P.O. BOX 699
SALIDA COLORADO 81201

PHONE: (719) 539-2124

FAX: (719) 539-7442

Owner Barker Date _____ Contractor _____

Location 32800 Boderosa

Type of Inspection insul/elec Approved Disapproved

Information or Corrections:

elec corrects, o.k.

R-30 garage ceiling

R-11 w/ plastic - walls

Upstairs ceiling not insulated yet

O.k. to dry wall garage / upstairs walls

**AFTER CORRECTIONS ARE COMPLETE,
PLEASE CALL FOR A REINSPECTION.**

Time of Arrival _____

Time of Departure _____

Inspector Rmy

CHAFFEE COUNTY BUILDING DEPARTMENT

P.O. BOX 699

SALIDA COLORADO 81201

PHONE: (719) 539-2124

FAX: (719) 539-7442

Owner T Bracken Date 11-23-99 Contractor _____

Location 32800 Bonanza

Type of Inspection Elec/Frame Approved Disapproved

Information or Corrections:

Elec
① ✓ Make-up all boxes
② ✓ stops within 1/4" from edge of studs
or use nail plates
③ ✓ Ground metal box

Frame
① ✓ Fill all nail holes in beam hangers (purlins)

(deck steps not in at this time)

O.K. to insulate - call for ins/re-elec inspection when ready

- leave crews open where re-stapling needed

**AFTER CORRECTIONS ARE COMPLETE,
PLEASE CALL FOR A REINSPECTION.**

Time of Arrival _____

Time of Departure _____

Inspector [Signature]

CHAFFEE COUNTY BUILDING DEPARTMENT

P.O. BOX 699
SALIDA COLORADO 81201

PHONE: (719) 539-2124

FAX: (719) 539-7442

Owner Bracken Date 11-5-99 Contractor _____

Location 32800 ~~Ed~~ Ponderosa

Type of Inspection FTG for stairs Approved Disapproved

Information or Corrections:

3 Big foot piers OK to place concrete
Per drawing

**AFTER CORRECTIONS ARE COMPLETE,
PLEASE CALL FOR A REINSPECTION.**

Time of Arrival _____

Time of Departure _____

Inspector Edsel Baker

CHAFFEE COUNTY BUILDING DEPARTMENT

P.O. BOX 699
SALIDA COLORADO 81201

PHONE: (719) 539-2124

FAX: (719) 539-7442

Owner Bracken Date 9-24-99 Contractor _____

Location 32800 Powderosa

Type of Inspection FTG Approved Disapproved

Information or Corrections:

8x16 with 2 # 4's

Center FTG

ok to place concrete

**AFTER CORRECTIONS ARE COMPLETE,
PLEASE CALL FOR A REINSPECTION.**

Time of Arrival _____

Time of Departure _____

Inspector Edsel Baker

CHAFFEE COUNTY BUILDING DEPARTMENT

P.O. BOX 699
SALIDA COLORADO 81201

PHONE: (719) 539-2124

FAX: (719) 539-7442

Owner Braeken Date 8-25-99 Contractor _____

Location 32800 Powderosa

Type of Inspection Steps Approved Disapproved

Information or Corrections:

18" o.c. #4s cont

ok to place concrete

**AFTER CORRECTIONS ARE COMPLETE,
PLEASE CALL FOR A REINSPECTION.**

Time of Arrival _____

Time of Departure _____

Inspector Echel Baker

CHAFFEE COUNTY BUILDING DEPARTMENT

P.O. BOX 699
SALIDA COLORADO 81201

PHONE: (719) 539-2124

FAX: (719) 539-7442

Owner Bracken Date 8-23-99 Contractor _____

Location 32800 Ponderosa

Type of Inspection FTG Add Approved Disapproved

Information or Corrections:

16x10 with 2 #4's cont

4 piers 42x42x10 w 4#4's e.w.
make the N.W. ~~end~~ corner a little
larger.
ok to place concrete

**AFTER CORRECTIONS ARE COMPLETE,
PLEASE CALL FOR A REINSPECTION.**

Time of Arrival _____

Time of Departure _____

Inspector Edsel Daker

CHAFFEE COUNTY BUILDING DEPARTMENT

Box 699

SALIDA, COLORADO 81201

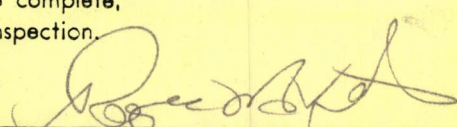
Phone 539-2124

Owner Bracken Date 7-18-96 Contractor C.C.
Location 32800 Ponderosa
Type of Inspection Mech. Approved Disapproved

Information or Corrections:

Water heater installation o.k.

After corrections are complete,
Please call for a reinspection.

Inspector 

CHAFFEE COUNTY BUILDING DEPARTMENT

Box 699

SALIDA, COLORADO 81201

Phone 539-2124

Owner Baerken Date 7-15-91 Contractor Collins
Location 32800 Ponderosa
Type of Inspection Mech Approved Disapproved

Information or Corrections:

Gas tests 25/30psi - o.k.

Furnace installation o.k. after stripping
Flex within 12" of furnace

After corrections are complete,
Please call for a reinspection.

Inspector *[Signature]*

CHAFFEE COUNTY BUILDING DEPARTMENT
P.O. BOX 699
SALIDA, COLORADO 81201
(719) 539-2124 FAX NO. (719) 539-7442

BUILDING SITE ADDRESS ~~18700~~ ³²⁸⁰⁰ Ponderosa Ln OWNER'S PRESENT MAILING ADDRESS _____

18480
Corrected
10-16-06

Range : _____
 Township: _____
 Section: _____
 Quarter Section: _____
 Subdivision: 3 Elk Creek Estates
 Lot No. if appl: 17
 Block No. if appl: _____

NAME: Leonard G Brackeen
 ADDRESS: ~~18700~~ ³²⁸⁰⁰ Ponderosa Ln
 CITY: Buena Vista STATE: CO
 ZIP: 81711 PHONE: 719 3951699
 Previous Owner if known: Pete Miller 6459

Check one: New _____ Addition Alteration _____ Repair _____ Change of Occupancy or Use _____

Where is construction located? Check one: Chaffee County
 City Limits of Salida _____ Town Limits of Buena Vista _____ Town Limits of Poncha Springs _____

Use of Building: SINGLE FAMILY RES

Type of Construction: FRAME

Outside Dimensions: House 28' ^{x 24'} Garage _____ Other _____

Total Square Footage:
 Basement _____ First Floor 672 Second Floor _____
 Carport _____ Garage 672 Deck _____ Other _____

If building a basement, is it finished or unfinished? _____

Number of Bedrooms: 0 Number of Bathrooms: 0

Does structure contain: Fireplace NO Wood burning stove _____

Type of Heating: FURNED AIR

Will structure be supplied by: Natural gas _____ Propane Other _____

Total Height: 23'6" Area of Lot: 218,750 SF

Front yard setback: 188 feet Rear yard setback: 80 feet

Side yard setback: 165 feet and 385 feet

BUILDER: NAME Wcc Conats ADDRESS _____ PHONE _____

ELECTRICAL: NAME Bald Peter etc ADDRESS _____ PHONE _____

PLUMBING: NAME A+A Plumbing ADDRESS _____ PHONE _____

MECHANICAL: NAME _____ ADDRESS _____ PHONE _____

Total Valuation 26967.36 Fee 225.25 (see Page 2 Fee Schedule)

Zoning Office Use Only:	
Setback, area, and height compliance	Yes <input checked="" type="checkbox"/> No _____
Use compliance or Special Use Permit	Yes <input checked="" type="checkbox"/> No _____
Located inside of the 100 year floodplain	Yes _____ No <input checked="" type="checkbox"/>
<u>Carl Curtis by G.M.</u> Approval of Zoning Official	<u>7/6/99</u> Date
(Building Department Use Only)	
Permit No. <u>26853</u>	Date Issued <u>7/2/99</u> Computer No. <u>316327100057</u>

20280.96
 6686.40

received
6/9/99

**Chaffee County Building Permit Application Continued:
MATERIALS AND SPECIFICATIONS**

Footing: Size: Width 16 Height 8 Rebar Size #4 Number of Rebar 2
Depth below finish grade to bottom of footing 18" min

Girder Beam Pads: Size: 42" X 42" X 10" Spacing 12'

Foundation: Type of Material concrete Width 8" Height 4'
Amount & size of rebar: Vertical 18" #4 Horizontal 18" #4
Height from finish grade to top of foundation 6"

Girder Beam: Material type, grade and species N/A
Size of beam: Width _____ Height _____ Length _____

Floor Joist: Material type, grade and species BCI 450/14"
Size (main floor) _____ X _____ Length 20'6" Spacing 12" O.C.
Size (2nd floor) _____ X _____ Length _____ Spacing _____ O.C.

Flooring: First floor material 4" concrete Thickness _____
Second floor material T+G ply Thickness 3/4"

Walls: Exterior walls: Type of material #2 or better Hem Fir Size 2 X 6 Spacing 16" O.C.
Bearing partitions: Type _____ Size 2 X 4 Spacing 16" O.C.
Nonbearing partitions: Type _____ Size 2 X 4 Spacing 16" O.C.

Insulation: "R" Rating: Floor 2nd floor EXT walls Walls R-11 Ceiling R-19

Ceiling: Height: Basement 8'6" Main Floor 8' to 12'6" Second Floor _____
Ceiling material T+G ASPEN

Header: List size and length if over 4 ft. (3) 1.75 X 14" LVL

Wall Covering: Exterior T-111 siding Interior 1/2 Drywall

Engineered Trusses: Total load _____ Live load 40 LB Dead load _____ Spacing _____

Ceiling Joist: Material type, grade, and species _____
Size: _____ X _____ Length _____ Spacing _____ O.C.

Rafters: over beams Material type, grade, and species #2 or better Hem-Fir
Width 2 Height 4 Spacing 16" O.C. Length 14' Pitch 4/12

Roof Beams: Material type, grade, and species See plans
Width 3.125 Height 7.5 Spacing 4'6" O.C. Length 12'

Roof Decking: Type and size: 1/2" CDX ply Roof covering asphalt Shingles

NOTICE

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or Local Law regulating construction or the performance of construction.

Date 6/8/99

THE APPROVAL OF THIS PERMIT DOES NOT GIVE THE RIGHT TO VIOLATE ANY COVENANT OR DEED RESTRICTION

Signature of Applicant Wayne Board

(Office Use Only)	
Building Use Classifications <u>R-3 add</u>	Type of Construction <u>✓</u>
Date <u>7/6/99</u>	Approved: <u>Uerd Curtis by GJM</u> Chaffee County Building Inspector

CHAFFEE COUNTY LAND USE FORM

This form does not apply if construction is within town limits of Buena Vista or Poncha Springs or within City limits of Salida.

I. PURPOSE AND INTENT:

A land use permit system is mandated by H.B. 1041 (1974) and intended to minimize hazards and/or harmful impacts to both private and public interest caused by any activities that involve land use, but especially modification or construction of building, installation of mobile structures and access to them.

II. AUTHORITY:

H.B. 1034 (1974), The Land Use Enabling Act, H.B. 1041, Chaffee County Zoning Resolution and Supplement No.1 and No.2 thereto. Copies of the supplements are available from the Land Use Administrator.

III. PROCEDURES AND RESPONSIBILITY:

1. Below is the application form which must be completed by the applicant and approved by the building Inspector or the Land Use Administrator before a Certificate of Zoning Compliance will be issued. Since the present and future land value of land & improvements is influenced by prudent land use, it is appropriate that the owner should be afforded first opportunity to evaluate the suitability of each site for any proposed new development.
2. If hazards or potentially harmful impacts exist, the applicant should identify them & use the remarks section of the permit form to submit a mitigation plan. In the event the proposed procedure is found inadequate, it is the duty of the Land Use Administrator to inform the applicant, in writing, what additional information & procedure is required. In extreme cases it may become necessary for the applicant to engage qualified engineering service to design an acceptable plan.
3. When the completed application is submitted to the Building Inspector it will contain the applicant's statement that no unacceptable land use hazards exist and none are expected to be caused by the proposed development. This statement is understood to apply both to that specific development & the general public interest.

IV. DEFINITIONS:

For the purpose of this permit, hazards and impacts are those listed on the application form and further discussed in the above cited supplements.

Mineral Resources impact can be very complex. Briefly summarized, the purpose and intent is to protect and administer mineral resources in such a manner as to permit exploration and extraction of minerals therefrom but permit other development that does not interfere with that activity. Preference is given to existing or other requested uses if the economic value of the minerals present is less than that of other uses.

V. FINAL INSPECTION:

The Building Inspector will normally issue a Certificate of Zoning Compliance after approval of the Land Use Supplement application form. However, if a mitigation plan was required, he will verify that it was satisfactorily performed at the time of his final inspection before occupancy.

LAND USE APPROVAL

Owner _____ LEGAL: Range _____ Township _____ Section _____ 1/4 _____
 Site Address _____ Subdivision _____ Lot _____ Block _____

FOR APPLICANT

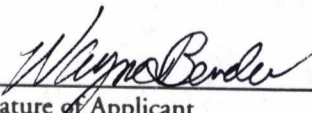
Consider each item listed. A no response means that there is no hazard and none will be caused by the proposed development. If a hazard or potentially harmful impact does exist, discuss your evaluation of the severity and outline your plan for mitigating the danger to a point of acceptable risk. Continue on added sheets if necessary.

Geological Hazard	Yes _____	No <input checked="" type="checkbox"/>	Mineral Resource Impact	Yes _____	No <input checked="" type="checkbox"/>
Flood Hazard	Yes _____	No <input checked="" type="checkbox"/>	Wildlife Impact	Yes _____	No <input checked="" type="checkbox"/>
Wildfire Hazard	Yes _____	No <input checked="" type="checkbox"/>	Historical/Archaeological	Yes _____	No <input checked="" type="checkbox"/>
Avalanche Hazard	Yes _____	No <input checked="" type="checkbox"/>			

Remarks

APPLICANT'S STATEMENT

I am satisfied that when completed there will be no unacceptable land use hazards to this construction or to the public interest.


 Signature of Applicant _____ Date 6/8/99

(For Department Use Only)

Site Inspected _____ Site Approved Office On Site _____ Site Disapproved _____

Reason: _____

Date 7/6/99 _____
 Building Inspector or Land Use Administrator Signature Verl Curtis by DM

APPLICATION FOR MECHANICAL PERMIT
 CHAFFEE COUNTY BUILDING DEPARTMENT
 P.O. BOX 699, SALIDA, CO. 81201
 (719) 539-2124

Location of Work 32800 Ponderosa 3-Elk

Owner J.D. Brackeen Address Same Phone _____

Installer Cottonwood Creek Heating POB 3068 Address _____ Phone 653

Type of Work (circle) Gas Piping Furnace Water Heater Boiler Wood Stove Other _____

Description of Installation Replace electric furnace with gas furnace
install gas water heater

Type of Unit to be Installed Green

Input BTU Rating 120,000

Type of Fuel (circle) Natural Gas Propane Wood Coal Oil Other _____

If installing wood burning appliance submit ICBO-UL No. and installation drawing showing all clearances.

NOTICE

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or Local Laws regulating construction or the performance of construction.

Robert H. Head _____ 7/10/96 _____
 Signature of Applicant Date

UNIT FEE SCHEDULE

For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts and vents attached to such appliance, up to and including 100,000 Btu/h.....	9.00	_____
For the installation or relocation of each forced-air or gravity-type furnace or burner, including ducts & vents attached to such appliance over 100,000 Btu/h.....	11.00	<u>11.00</u>
For the installation, relocation or replacement of each appliance vent installed and not included in an appliance permit.....	4.50	_____
For the installation or relocation of each boiler, water heater, or compressor to & including 3 horsepower, or each absorption system to & including 100,000 Btu/h.....	6.00	<u>6.00</u>
For the installation or relocation of each boiler or compressor over 3 horsepower to & including 15 horsepower, or each absorption system over 100,000 Btu/h to 200,000 Btu/h.....	16.50	_____
For each air-handling unit to & including 10,000 cfm including ducts attached thereto.....	6.50	_____
Note: This fee shall not apply to an air-handling unit which is a portion of a factory-assembled appliance, cooling unit, evaporative cooler or absorption unit for which a permit is required elsewhere in this code.		
For each air-handling unit over 10,000 cfm.....	11.50	_____
For each evaporative cooler other than portable type.....	6.50	_____
For the installation of each hood which is served by mechanical exhaust(including the ducts)..	6.50	_____
For each appliance or piece of equipment regulated by this code but not classed in other appliance categories, or for which no other fee is listed in this code(including woodburning stoves.....	6.50	_____
Gas piping system (per outlet).....	3.00	<u>6.00</u>
For the issuance of each permit		\$10.00
TOTAL		<u>33.00</u>

18924 needed 7-11-96 chk #3814

APPLICATION FOR ELECTRICAL PERMIT
CHAFFEE COUNTY REGIONAL INSPECTION DEPARTMENT
 Salida, Colorado 81201

P.O. Box 699

(719) 539-2124

LOCATION OF INSTALLATION (ADDRESS) 18450 Ponderosa Ln Buena Vista CO 80011

PROVIDE DIRECTIONS TO SITE FROM MAJOR INTERSECTION 3 Elk Subdivision

OWNER'S NAME Leonard G. Brackeen DATE _____

MAILING ADDRESS 18450 Ponderosa Ln PHONE _____

ELECTRICAL CONTRACTOR Owner CONT. LIC. NO. _____

ADDRESS _____ PHONE _____

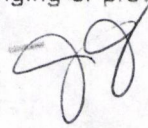
DESCRIPTION OF INSTALLATION (what you are wiring) Addition to family room

SQUARE FOOTAGE 698 VALUATION (actual cost) £ TOTAL FEE ENC. 30⁰⁰

ELECTRICAL PERMIT FEES

RESIDENTIAL: This fee (based on enclosed living area) includes construction of, or extensive remodeling or addition to a single family home; modular home; mobile home; duplex; condominium; or town house. If only changing or providing a service on the above, see ALL OTHER FEES below.

Not more than 1000 square feet	\$30.00
1001 square feet and not more than 1500 square feet.....	\$50.00
1501 square feet and not more than 2000 square feet.....	\$65.00
Per 100 square feet in excess of 2000 square feet.....	\$ 3.00

pd 11-17-99


ALL OTHER FEES (except mobile home and travel trailer parks see below*) shall be computed on the dollar value of the electrical installation, including time and materials, whether they are provided by the contractor or the property owner. Such fees shall be computed as follows:

Valuation of Work:

Not more than \$300.00	\$25.00
\$301 but not more than \$2,000	\$30.00
\$2,001 but not more than \$50,000	\$14.00 per 1000 or fraction thereof
\$50,001 but not more than \$500,000	\$13.00 per 1000 or fraction thereof
More than \$500,000	\$12.00 per 1000 or fraction thereof

*Mobile home and travel trailer parks per space \$25.00
 Reinspection fee for all of the above \$30.00

If an electrical permit is not filed in advance of the commencement of an installation, the permit fee shall be twice the amount prescribed above.

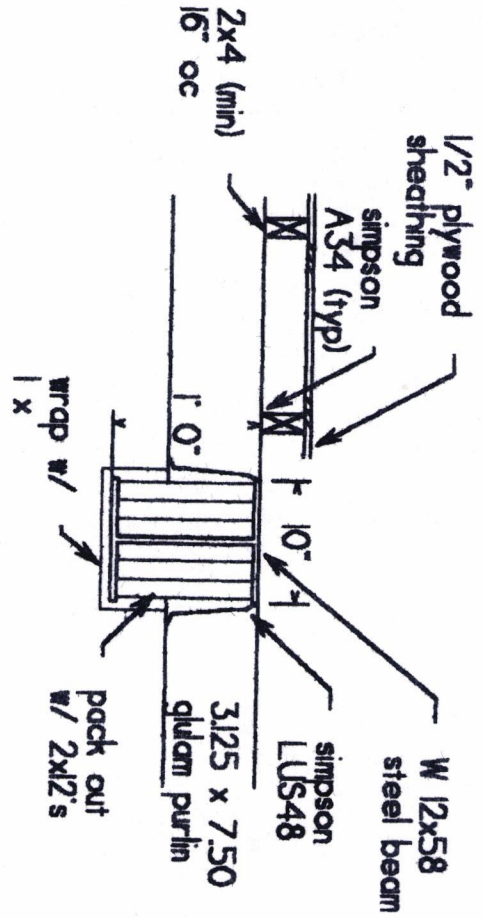
NOTICE: Homeowners doing their own work: I certify that I am the owner of this property and this dwelling will be my residence, is not for sale, resale, or any type of rental property. I will personally perform this electrical work myself in accordance with the applicable codes. I will have all wiring inspected prior to covering and again upon completion of the work.

SIGNATURE OF APPLICANT: *LG Brackeen*

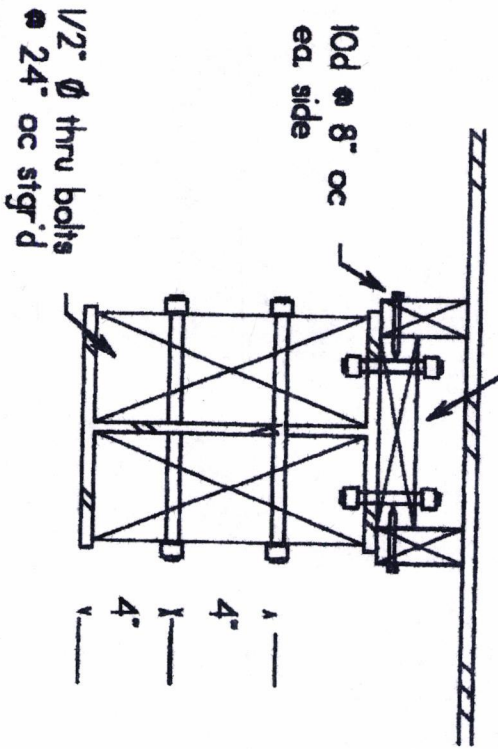
NOTICE: This permit expires one year from the date of issue. If a final inspection has not been called for and approved within this year, or a new permit taken out, the meter will be subject to removal.

21898

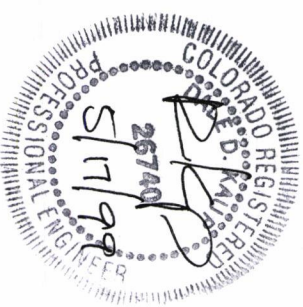
NOTE: DESIGN BY KAUF ENGINEERING, INC IS LIMITED TO STEEL BENT BEAM ONLY. OWNER & BUILDER ARE RESPONSIBLE FOR ALL OTHER BUILDING COMPONENTS & DESIGN INCLUDING FRAMING, FOUNDATION, WATER SUPPLY SYSTEM ETC.

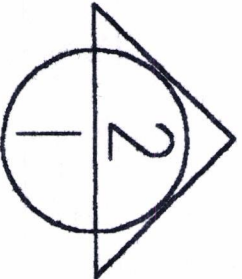
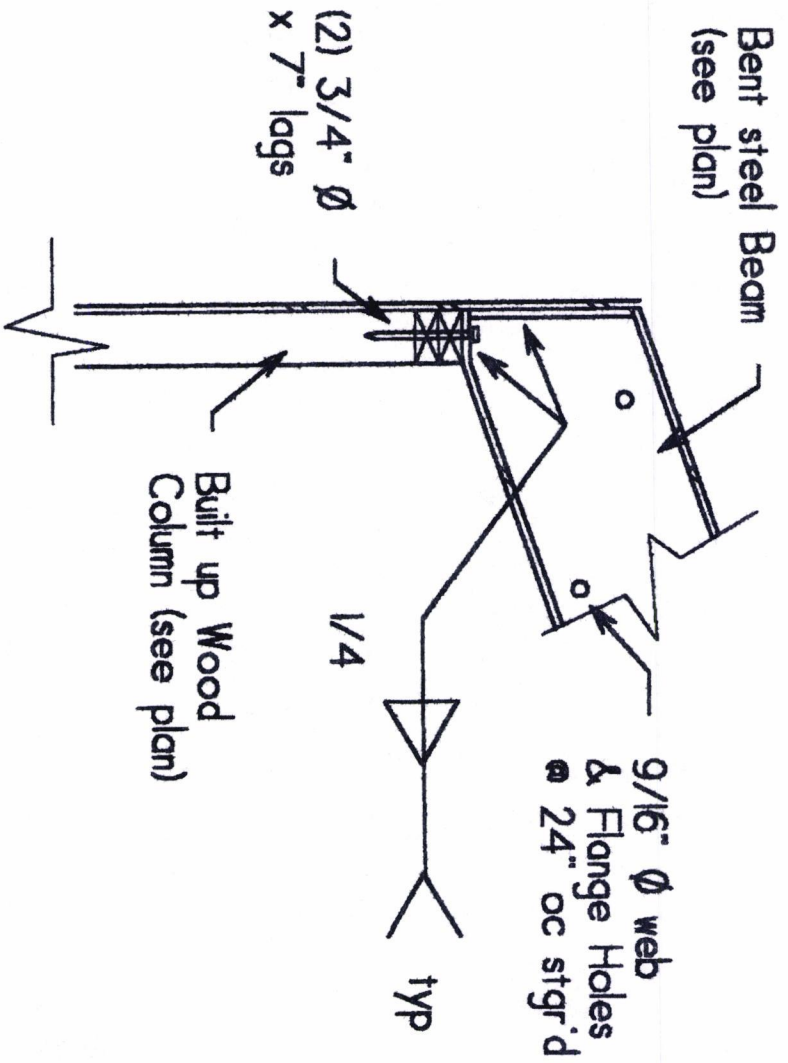


2x8cont w/ 1/2" ϕ thru bolts \bullet 24" oc staggered

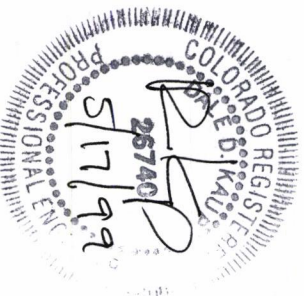


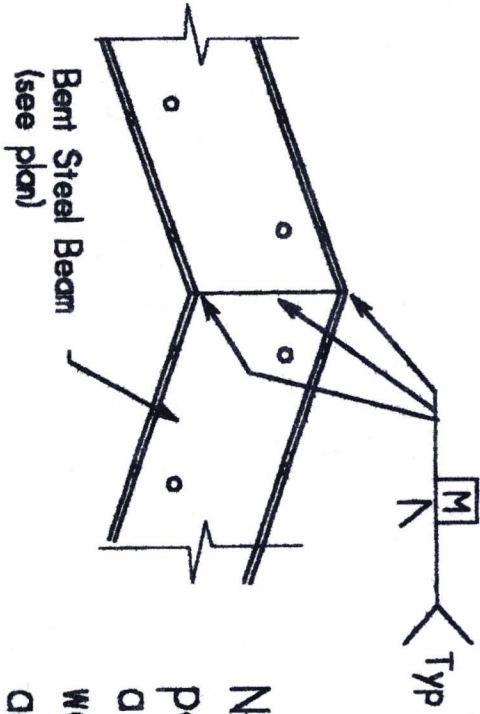
Bent Beam Cross Section
No Scale





Bent Beam @ Wall D+I
No Scale





NOTE: All welding to be performed in a shop by a qualified, certified welder. Test weld as required

3
Bent Beam Detail
No Scale



STRUCTURAL GENERAL NOTES
BRACKEEN BEAM
5/17/99

A. DESIGN LIVE LOADS

1. SNOW 40 PSF
2. RESIDENTIAL 40 PSF
3. WIND: BASIC WIND SPEED 80 MPH EXPOSURE B
4. SEISMIC ZONE 1

min 50# LL

B. DESIGN CODES

1. UNIFORM BUILDING CODE (1994)
2. ACI BUILDING CODE (ACI 318-95)
3. AISC STEEL CONSTRUCTION MANUAL (9th Edition)
4. AITC TIMBER CONSTRUCTION MANUAL (4th Edition)

C. STEEL

ALL STEEL SHALL CONFORM TO ASTM A36 EXCEPT TUBE COLUMNS WHICH SHALL CONFORM TO ASTM A500 (GRADE B) LATEST EDITION. PIPE SHAPES SHALL CONFORM TO ASTM A53 (GRADE B). ALL SHOP CONNECTIONS SHALL BE WELDED. FIELD CONNECTIONS SHALL BE STANDARD FRAMED BEAM CONNECTIONS WITH MAXIMUM NUMBER OF ASTM A325 3/4" DIAMETER BOLTS TO FIT BEAM IN SINGLE ROW AND SHALL CONFORM TO ASTM A325N, UNLESS OTHERWISE NOTED. ANCHOR BOLTS SHALL CONFORM TO ASTM A307. STRUCTURAL STEEL SHALL BE DETAILED, FABRICATED AND ERECTED IN ACCORDANCE WITH LATEST PROVISIONS OF THE AISC MANUAL OF STEEL CONSTRUCTION AND AISC CODE OF STANDARD PRACTICE. SHOP DRAWINGS SHALL BE SUBMITTED TO THE ARCHITECT OR ENGINEER FOR REVIEW PRIOR TO FABRICATION. SHOP DRAWINGS SHALL DETAIL EACH BEAM, APPLICABLE CONNECTIONS, LAYOUT, AND BRACING. USE WELDERS MEETING THE REQUIREMENTS OF THE AWS "STANDARD QUALIFICATION PROCEDURE". COMPLY WITH AWS D1.1 "STRUCTURAL WELDING CODE." ALL WELDS SHALL BE E70XX TYPICAL UNLESS NOTED OTHERWISE. PRIME ALL STEEL WITH APPROVED PRIMER. TOUCH-UP PAINT AT EXPOSED BOLTS, WELDS, AND ABRADED SHOP PAINT AREAS. DRY PACK OR GROUT FOR BEARING PLATES SHALL BE SHRINK RESISTANT EMBECO 153 OR EQUIVALENT. EXPANSION BOLTS SHALL BE "WEJ-IT", "RED HEAD", KWIKBOLT", OR APPROVED WEDGE TYPE, INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S REQUIREMENTS.

D. THE CONTRACT STRUCTURAL DRAWINGS AND SPECIFICATIONS REPRESENT THE FINISHED STRUCTURE. THEY DO NOT INDICATE THE METHOD OF CONSTRUCTION. THE CONTRACTOR SHALL PROVIDE ALL MEASURES NECESSARY TO PROTECT THE STRUCTURE DURING CONSTRUCTION. SUCH MEASURES SHALL INCLUDE, BUT NOT BE LIMITED TO, BRACING, SHORING FOR LOADS DUE TO CONSTRUCTION EQUIPMENT, ETC. OBSERVATION VISITS TO THE SITE BY THE STRUCTURAL ENGINEER SHALL NOT INCLUDE INSPECTION OF THE ABOVE ITEMS NOR WILL THE STRUCTURAL ENGINEER BE RESPONSIBLE FOR THE CONTRACTOR'S MEANS, METHODS, TECHNIQUES, SEQUENCES FOR PROCEDURE OF CONSTRUCTION, OR THE SAFETY PRECAUTIONS AND THE PROGRAMS INCIDENT THERETO.

E. ALL EXISTING CONDITIONS MUST BE VERIFIED BY THE BUILDER IN THE FIELD. UNKNOWN AND VARIED CONDITIONS MAY BE FOUND. NOTIFY THE ENGINEER OF ANY STRUCTURAL CONDITIONS FOUND TO VARY FROM THAT INDICATED. DESIGN REVISIONS MAY BE REQUIRED, AND ARE EXPECTED AS A PROCESS OF REMODEL WORK.

