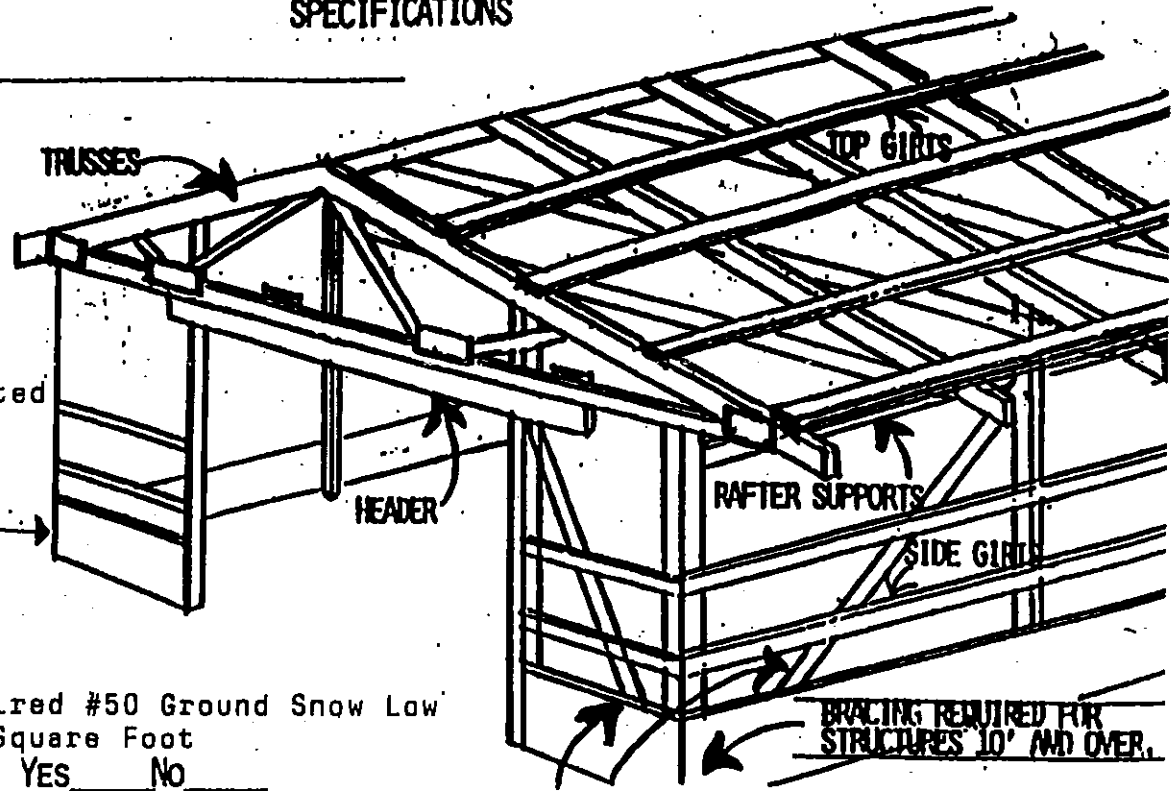


**POLE BUILDING PLAN
AND
SPECIFICATIONS**

NAME OF OWNER: _____

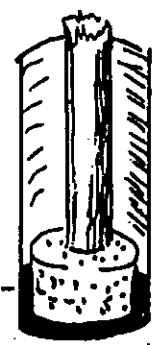


SPECIFICATIONS:

1. **ROOF TRUSSES:** Required #50 Ground Snow Low Per Square Foot
PURCHASED TRUSSES? Yes No
 [FOR PURCHASED TRUSSES - CERTIFICATION IS REQUIRED]
 [FOR OWNER BUILT TRUSSES - AN APPROVED ENGINEER DESIGN]
 TRUSS SIZE: _____ X _____ SPACING _____ O.C.
2. **BUILDING SIZE:** _____ X _____ X _____
 (WIDTH) (LENGTH) (HEIGHT)
3. **POSTS:** _____ SPACING _____ O.C.
 (SIZE)
4. **FOOTINGS:** _____
 [DEPTH MINIMUM: 48" OR 1/4 OF LENGTH OF POLE]
5. **MAIN DOOR HEADER:** _____ & _____
 (SIZE) (SPAN)

WIND BRACING: ---WIND PRESSURE ON THE WALL WILL CAUSE THE POLES TO BEND AT THE GROUND LINE. A WIND BRACE SHOULD BE PROVIDED AT THE EAVE LINE FOR BUILDINGS WITH A SIDE HEIGHT OF OVER 10', AND FOR BUILDINGS 60 LONG AND OVER. THE BRACE SHOULD BE A 2" X 6" AT LEAST 12' LONG, EXTENDING FROM THE POLE TO THE RAFTER AT AN ANGLE OF 45 TO THE SIDE WALL.

CONCRETE: MINIMUM OF 8" AT BOTTOM UNDER POLES



POLE SPACING INFORMATION

POLE SPACE	BLDG WIDTH	PAD DIAMETER
8'	24'	12"
8'	26'	16"
8'	30'	18"
8'	36'	20"

RAFTER SUPPORTS : SIZE _____ x _____

8'	24'	2 - 2" x 12"
8'	28'	3 - 2" x 12"
8'	38'	4 - 2" x 12"

Fastened with 2 1/2" POLE BARN SPIKES OR APPROVED METHOD

SUPPORTS FOR 8' POLE SPACING ONLY
EAVE HEIGHT

10'	-4" X 6"	THRU 40'	LENGTH
10'	-6" X 6"	THRU 60'	LENGTH
12'	-6" X 6"	THRU 50'	LENGTH

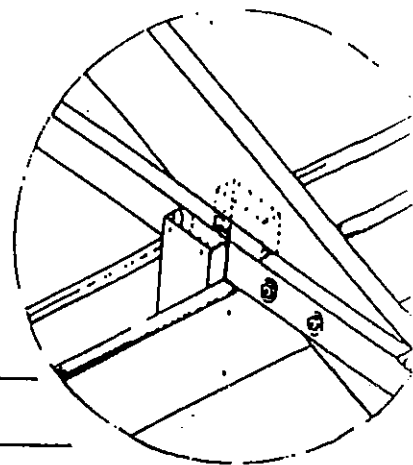
*** NOTE: NO DRY MIX - FOR PADS

6. **TOP GIRTS:** _____ x _____ & _____ O.C.
7. **SIDE GIRTS:** _____ x _____ & _____ O.C.
8. **FLOOR:** Yes No

BRACING IN ROOF: --- TO PROVIDE FOR LATERAL SUPPORT OF THE TRUSSES, PROVIDE 2" X 4" BRACES THE ENTIRE LENGTH OF THE BUILDING ON THE BOTTOM CHORD OF THE TRUSS.

POST BRACING MAY BE NECESSARY

POLE BARN



Approved Methods of
Fastening Trusses
To Plates

NAME OF OWNER _____

ADDRESS OF OWNER _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

DATE SUBMITTED _____

SITE INFORMATION: Township _____

Section _____

Subdivision _____

Block _____ Lot _____

DIMENSIONS: Length _____

ATTACHED TO RES _____ Width _____

UNATTACHED _____ Height of Walls _____

SQUARE FEET:

FIRST FLOOR _____

ATTACH TO DETAILED BLUEPRINT DRAWING.

NUMBER OF ATTACHED SHEETS: _____.

SIGNATURE OF OWNER _____

DATE _____

SIGNATURE OF CONTRACTOR _____

ADDRESS OF CONTRACTOR _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

LICENSE NUMBER _____

DATE _____