HALFEN CURTAIN WALL TOP-OF-SLAB ANCHORING QUESTIONNAIRE

— In order for us to be able to select the most efficient anchoring systems for your project, please:

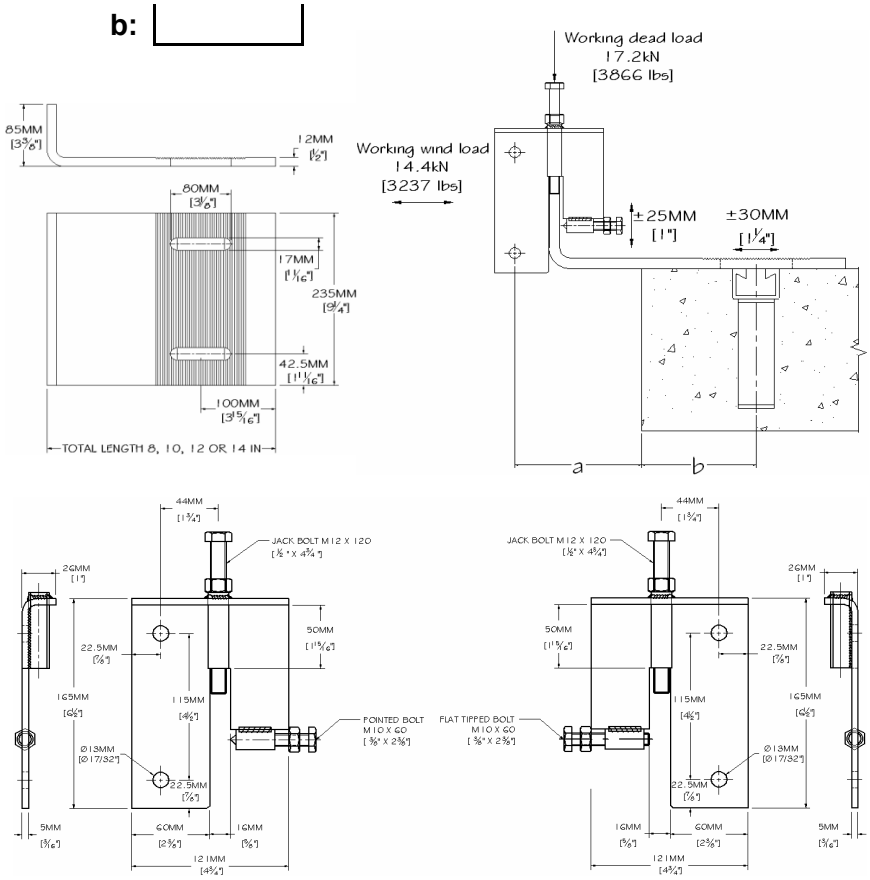
1. Select 'Halfen Top of Slab adjustable curtain wall bracket' and provide "**b**" or please provide "**A**" through "**I**" and **Adjustment** for custom clips (by others), as applicable.
2. Fill required information, questions **1** to **5** under 'Project Information'.
3. Fax to 210-658-7908, e-mail to halfen@meadowburke.com or e-mail to Sales representative.

CLIP INQUIRY

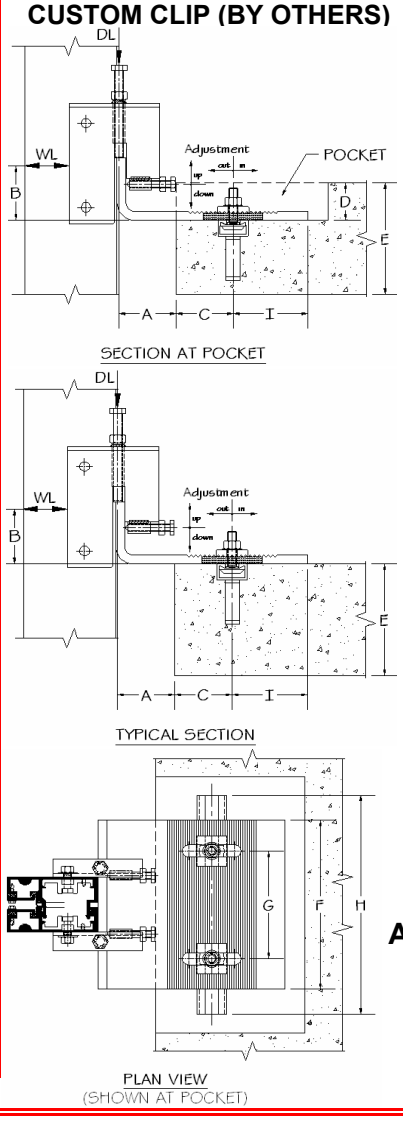
☐ **HALFEN TOP OF SLAB BRACKET** **(See catalog for dimensions)**

- ☐ **HTOS08:** 8" BODY, NOMINAL 'a' + 'b' = 4", RANGE [2-5/8" - 5"]
- ☐ **HTOS10:** 10" BODY, NOMINAL 'a' + 'b' = 6", RANGE [4-5/8" - 7"]
- ☐ **HTOS12:** 12" BODY, NOMINAL 'a' + 'b' = 8", RANGE [6-5/8" - 9"]
- ☐ **HTOS14:** 14" BODY, NOMINAL 'a' + 'b' = 10", RANGE [8-5/8" - 11"]

b: _____



CUSTOM CLIP (BY OTHERS)



NOTE: Please show units.

A: _____
B: _____
C: _____
D: _____
E: _____
F: _____
G: _____
H: _____
I: _____

Adjustment

A_{out}: _____
A_{in}: _____
A_{up}: _____
A_{down}: _____

PROJECT INFORMATION

1. Project Name: _____ **2.** Concrete Strength [f'c]: _____ psi

3. Location: City: _____ State: _____ ☐ Normal Weight Concrete ☐ Light Weight Concrete

4. Dead Load 'DL': _____ lb **5.** Wind Load 'WL': _____ lb

— If (4) "DL" and/or (5) "WL" are not know, please provide the following:

6. Floor-to-Floor Height: _____ ft **7.** Mullion Centers: _____ ft

8. Curtain Wall System Weight: _____ psf **9.** Wind Pressure: _____ psf

NOTE: If dimensions and loads are in metric, please show units.

10. Wind Suction: _____ psf

MEADOW-BURKE PRODUCTS

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