STATE OF CALIFORNIA

DIVISION OF THE STATE ARCHITECT

FORM **DSA-1** Rev. 1/07

APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS

Please Print or Type all Information - or you may fill out on-line and print for signatures

ALL FIELDS MUST BE FILLED IN PER INSTRUCTIONS

1. **School District (or State Agency)** _____

   Mailing Address: _____

2. **Dist. Superintendent:** _____ ( ) - _____ _____
   Name Telephone Email

3. **Dist. Dir. of Facilities:** _____ ( ) - _____ _____
   Name Telephone Email

4. **Name of Facility:** _____

5. **Construction of:** (Names of New Buildings or improvements _____

6. **Addition to:** (Names of Buildings or improvements) _____

7. **Relocation of:** (Names of Buildings) _____

Alterations: 8. **General Alterations to:** (Names of Buildings or improvemens) _____

9. **Rehabilitation of:** (Names of Buildings) _____ **DSA Rehabilitation Pre Application #** _____

10. **Reconstruction of:** (Names of Buildings) _____

11. **Review being requested**
    - ☐ This is an **Accesss only** project
    - ☐ **OTC** review is requested (Form DSA-145 is attached)
    - ☐ **Incremental review has been requested.** The scope of increments has been discussed with the DSA Project Intake Architect prior to submittal. Form DSA-1.INC "Definition of Scope of Increments", is attached.

12. **Project Location:** _____
    (Street Address)

13. **City & Zip Code:** _____ **County of:** _____

14. **Project Tracking Number (PTN):** _____ 15. **Estimate Cost:** _____

16. **Is project funded by the Office of Public School Construction (OPSC)?** YES ☐ NO ☐ (If "NO" skip to line 17)

    16a. **OPSC Application Number:** _____ 16b. ☐ **Client is requesting DSA verification for an OPSC incentive grant** (not applicable if answer to 16 is "NO")

17. **Approx. Total Floor Area (Sq. Ft):** _____ 18. **Design Snow Load:** _____

19. **Applicant's statement of responsibility:** I certify, under penalty of perjury, that I am acting for the school District/State agency in the legal capacity of agent making application for approval of plans and specifications. I further certify that, to the best of my knowledge, the answers given on **both** sides of this application are true and correct.

    Signature of Applicant: _____ **Date:** _____

20. **Name of Applicant:** _____ **Title:** _____
    (Please Print)

21. **Mailing Address:** (If Applicant different from name shown in #1 or #22)

    _____

DSA USE ONLY	FEE SCHEDULE	CORRECT FEE	FEE PAID	UP/OP	REFUND
AC					
SS					
DSA FILE NO.	DSA APP. NO.	DATE ASSIGNED	ESTIMATED COST		

22. Plans, specifications, and related work were prepared by, and observation of construction will be performed by:

Print or type name of Architect or Engineer in General Responsible Charge _____ CA Reg. No. _____

23. Firm Name: _____

Address: _____

( ) - Telephone No. _____ Extension _____ ( ) - Fax No. _____ E-mail Address _____

24. The following individual is authorized to act as Alternate to the Architect or Engineer named above:

Printed Name _____ Signature _____

CA Reg. No. _____ Tel.# ( ) - _____ E-mail Address _____

25. If portions of the preparation of the Plan and Specifications and observation of construction were delegated, show name of Registered Engineer, and related information below:

25a.	Structural Engineer	CA Reg. No.	Tel.# ( ) -
		E-mail	Fax # ( ) -
25b.	Mechanical Engineer	CA Reg. No.	Tel.# ( ) -
		E-mail	Fax # ( ) -
25c.	Electrical Engineer	CA Reg. No.	Tel.# ( ) -
		E-mail	Fax # ( ) -
25d.	Geotechnical Engineer	CA Reg. No.	Tel.# ( ) -
		E-mail	Fax # ( ) -

26. ☐ **This project involves delegation of responsibility other than reflected in line 25 above.**
Form(s) DSA-1.DEL is (are) attached providing addtional project information

27. OTHER FACTORS- Check appropriate boxes

GEOLOGIC HAZARD (check 1 box only)	☐	I have verified that this project does not require submittal of a Geological Hazard Report, per DSA IR A-4 , Section3.
	☐	Geological Hazard reports is required and is being (has been) submitted.
WAIVER OF DURABILITY	☐	(For Relocatable Builidng Only) The school district requests waiver of durability requirements for substandard foundations per IR 16-1 and acknowledges that a conditional approval is acceptable.

28. Statement of responsibility: Architect / Engineer in General Responsible Charge

I certify under penalty of perjury that all information presented on this form is true and correct and that I understand, and will fulfill, my responsibilities as the architect/engineer in general responsible charge of this project as defined in Title 24, Part 1, Section 4-341 of the California Code of Regulations.

Signature: _____ **Date:** _____

(Architect Or Engineer In General Responsible Charge)

Indicate which Regional Office the Form DSA-1 is being submitted to:

☐ DSA San Francisco Bay Area Region
1515 Clay Street, Suite 1201
Oakland, CA 94612

☐ DSA Sacramento Region
1102 Q Street, Suite 5200
Sacramento, CA 95814

☐ DSA Los Angeles Basin Region
700 N. Alameda Street, Suite 5-500
Los Angeles, CA 90012

☐ DSA San Diego Region
16680 West Bernardo Drive
San Diego, CA 92127

Disclaimer: I certify that this form is an exact duplicate (verbatim) of the form provided by the Division of the State Architect (DSA) i.e. Form DSA-1 **(Revision of 1-2007)**. In the event a conflict should exist, the language in the **current** DSA form will prevail.