



PRE-APPLICATION FOR APPROVAL OF EVALUATION AND DESIGN CRITERIA REPORT FOR REHABILITATION OF EXISTING NON-CONFORMING BUILDING FOR USE AS A PUBLIC SCHOOL

Please print or type all information.

Note: This form is also to be used when submitting an Evaluation and Design Criteria Report for a project seeking funding from the Seismic Mitigation Program (SMP). See DSA Procedure 08-03 for reference.

Project Name: _____

Project Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

1. Description of Building(s): _____

2. Approx.Total Floor Area (Sq. Ft.): _____ 3. Design Snow Load: _____ 4. # of Stories: _____

Scope of Rehabilitation: _____

Name of Applicant: _____

(Acting for the Owner in the Legal Capacity of Agent Making Application for Approval of Evaluation and Design Criteria Report)

Applicant's Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Applicant's E-mail Address: _____

(Required)

Applicant's Signature: _____ Date: _____

School District or Owner: _____

Facilities Director or Appropriate District Contact: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

() () _____

Phone # Fax # E-mail address

For DSA Use Only

Table with 5 columns: FEE RETAINER, RETAINER DEPOSIT, DSA FILE NO., DSA PRE-APP. NO., DATE ASSIGNED

