Division of the
State Architect
CALIFORNIA DEPARTMENT OF GENERAL SERVICES

FORM
DSA-1
Rev 8/12

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. **Name of Facility:** _____

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

   Mailing Address: _____

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

4. **Facilities Director or appropriate contact:** Name _____ ( ) - _____ _____
   Title _____ Telephone Email

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

6. **Addition to:** (Names of Buildings or improvements) _____ Past Application Closed with DSA Certification ? ☐ YES / ☐ NO

7. **Relocation of:** (Names of Buildings) _____ Past Application Closed with DSA Certification ? ☐ YES / ☐ NO

8. **General Alterations to:** (Names of Buildings or improvemens) _____ Past Application Closed with DSA Certification ? ☐ YES / ☐ NO

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

10. **Reconstruction of:** (Names of Buildings) _____ Past Application Closed with DSA Certification ? ☐ YES / ☐ NO

11. **Special Review being requested**
    ☐ This is an **Access 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 Team 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. **Estimated Cost:** _____

16. **Will project be submitted to the Office of Public School Construction (OPSC) for funding under the School Facility Program?**
    YES ☐ NO ☐ (If "NO" skip to line 17)
    16a. **OPSC Application Number (if known):** _____
    16b. ☐ **Client is requesting DSA verification for a High Performance Incentive grant or Energy Efficiency 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 #2 or #22)
    _____

DSA USE ONLY

	FEE SCHED.	CORRECT FEE	FEE PAID	UP/OP	REFUND
AC					
SS					
HP					

DSA FILE NO.	DSA APP. NO.	DATE ASSIGNED	ESTIMATED COST

22. The following individual is in General Responsible Charge of the preparation of plans, specifications, and related documents, and observation of construction:
(Per Title 24, Part 1, Section 4-316, of the California Code of Regulations)

Print or type name of Architect or Engineer in General Responsible Charge | E-mail Address | 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 Name:	CA Reg. No. / E-mail	Tel.# ( ) - / Fax # ( ) -
25b.	Mechanical Engineer Name:	CA Reg. No. / E-mail	Tel.# ( ) - / Fax # ( ) -
25c.	Electrical Engineer Name:	CA Reg. No. / E-mail	Tel.# ( ) - / Fax # ( ) -
25d.	Geotechnical Engineer Name:	CA Reg. No. / E-mail	Tel.# ( ) - / Fax # ( ) -

26. ☐ **This project involves delegation of responsibility other than reflected in line 25 above.** See instructions

27. OTHER FACTORS- Check appropriate boxes

27a.	**FLOOD HAZARD** (check boxes that apply) For details, see DSA-3 Section D and 3.03V and DSA Bulletin PR 11-01	YES ☐	NO ☐	Project is located in a flood hazard area as defined by the adopted local jurisdiction flood hazard map.
		YES ☐	NO ☐	Project is Alteration/Modernization, Rehabilitation or Reconstruction and value of project is more than 50% of the pre-improvement market value of the structure.
27b.	**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
		☐		Geological Hazard reports is required and has been submitted to CGS, in accordance with IR A-4.
27c.	**WAIVER OF DURABILITY**	☐		(For Relocatable Builidngs Only) The school district requests waiver of durability requirements for substandard foundations per IR 16-1 and acknowledges that a conditional approval is acceptable.
27d.	**WIND LOADING**	☐		(For Over The Counter projects only) I have verified this project wind exposure is C or less, has a basic wind speed of not more than 85 mph and a Topographical Factor Kzt=1.0 (ASCE 7, Sections 6.5.2, 6.5.4, 6.5.7)
27e.	**FIRE HAZARD SEVERITY ZONE**	YES ☐	NO ☐	Is this project located in a Wildland-Urban Interface Fire Area per the Local Fire Authority, as described in CBC, Chapter 7A?

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)
For proper use of digital signature, see instructions for line 28

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

☐ DSA Oakland Region
1515 Clay Street, Suite 1201
Oakland, CA 94612

☐ DSA Sacramento Region
1102 Q Street, Suite 5200
Sacramento, CA 95811-6550

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

☐ DSA San Diego Region
10920 Via Frontera Rd, Suite 300
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 8-2012)**. In the event a conflict should exist, the language in the **current** DSA form will prevail.