

## APPLICATION SUPPLEMENT – COLLABORATIVE PROCESS

Please Print or Type all Information – or you may fill out online and print for signatures. **ALL FIELDS MUST BE COMPLETED. THE APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS (DSA 1) MUST ACCOMPANY THIS FORM (REFER TO DSA BU 09-07).**

1. **Name of Facility:** \_\_\_\_\_
2. **Community College District:** \_\_\_\_\_
3. **Construction of:** (Names of New Buildings or Improvements) \_\_\_\_\_
4. **Additions to:** (Names of Buildings or Improvements) \_\_\_\_\_
5. **General Alterations to:** (Names of Buildings or Improvements) \_\_\_\_\_
6. **Rehabilitation of:** (Names of Buildings) \_\_\_\_\_
7. **Reconstruction of:** (Names of Buildings) \_\_\_\_\_
8. **Project Location:** \_\_\_\_\_  
(Street Address)
9. **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County of:** \_\_\_\_\_
10. **Estimated Cost:** \$ \_\_\_\_\_
11. **Community College District Requests Use of DSA Consultant for Collaborative Process:**  YES /  NO  
IF YES, indicate which discipline:  Structural  Access  Fire/Life Safety
12. **Requested DSA Consultant services will commence during:**  
 First Design Phase Meeting  Last Design Phase Meeting  Plan Review Phase
13. **Project Schedule: Desired date for first collaborative meeting with DSA:** \_\_\_\_\_
14. **Status of Geohazards and Geotechnical Reports:**  SUBMITTED date \_\_\_\_\_  NOT SUBMITTED  
If not submitted, indicate tentative date for submittal to California Geologic Survey (CGS) for approval: \_\_\_\_\_
15. **Anticipated Dates:** Submittal of completed construction documents for plan review \_\_\_\_\_  
Funding Deadline?  YES  NO If yes, DSA approval needed by \_\_\_\_\_ to meet funding deadline.
16. **Applicant's statement of responsibility:** I am acting for the Community College District in the legal capacity of agent making the notification for use of the collaborative process.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Applicant's Name:** \_\_\_\_\_

Indicate which Regional Office this form DSA 1-CP is being submitted to:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> DSA Oakland Region<br>1515 Clay Street, Suite 1201<br>Oakland, CA 94612 | <input type="checkbox"/> DSA Sacramento Region<br>1102 Q Street, Suite 5200<br>Sacramento, CA 95811 | <input type="checkbox"/> DSA Los Angeles Region<br>700 N. Alameda Street, Suite 5-500<br>Los Angeles, CA 90012 | <input type="checkbox"/> DSA San Diego Region<br>10920 Via Frontera Road, Suite 300<br>San Diego, CA 92127 |
|--|---|--|--|