

## APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS

Please Print or Type all Information – or you may complete online 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: \_\_\_\_\_  
Email: \_\_\_\_\_ Tel.: \_\_\_\_\_
4. Facilities Director/Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Tel.: \_\_\_\_\_

**PROJECT SCOPE: For questions 5–10, please provide specific building names per instructions.**

5. Construction of: \_\_\_\_\_  
Past Application Occupied without DSA Certification?  YES  NO
6. Addition to: \_\_\_\_\_  
Past Application Occupied without DSA Certification?  YES  NO
7. Relocation of: \_\_\_\_\_  
Past Application Occupied without DSA Certification?  YES  NO
8. General Alteration to: \_\_\_\_\_  
Past Application Occupied without DSA Certification?  YES  NO
9. Rehabilitation of: \_\_\_\_\_  
DSA Rehabilitation Pre-Application #: \_\_\_\_\_
10. Reconstructions of: \_\_\_\_\_  
Past Application Occupied without DSA Certification?  YES  NO
11. Review Requested:  
 Access                       Structural                       Fire & Life Safety                       Landscape Irrigation  
 Incremental review requested ([DSA 1-INC](#) attached)       OTC requested ([DSA 145](#) attached)
12. Project Location (Street Address): \_\_\_\_\_
13. City: \_\_\_\_\_ Zip: \_\_\_\_\_ County of: \_\_\_\_\_
14. Project Track. No. (PTN): \_\_\_\_\_ 15. Estimated Cost: \$\_\_\_\_\_
16. Will project be submitted to the Office of Public School Construction (OPSC) for funding under the School Facilities Program?  YES  NO (If “NO” skip to line 17)
- 16a. OPSC Application No. (If known): \_\_\_\_\_

**DSA USE ONLY**

	FEE SCHED.	CORRECT FEE	FEE PAID	UP/OP	REFUND
AC					
SS					
FLS					
DSA FILE NO.	DSA APP. NO.	DATE ASSIGNED	ESTIMATED COST	LANDSCAPE IRRIGATION	

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17. Approx. Total Floor Area (Sq. Ft.): \_\_\_\_\_

18. Design Snow Load: \_\_\_\_\_

18a. (Prop 39) If project is using Prop 39 funds, enter the amount: \$ \_\_\_\_\_

19. **State Agencies Only:** Customer Account No.: \_\_\_\_\_ ABMS Project No.: \_\_\_\_\_

20. **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 this application are true and correct.

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

21. Name of Applicant (Please Print): \_\_\_\_\_ Title: \_\_\_\_\_

22. Mailing Address (if Applicant is different from name shown in #2 or #23):  
\_\_\_\_\_

23. Architectural or Structural Engineering Firm: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

The following individual(s) is in general responsible charge of the preparation of plans, specifications, and related documents, and the observation of construction (Title 24, Part 1, Section 4-316, of the California Code of Regulations). If more than one individual in a firm is listed, then only the individual who accepts the responsibility for observation of construction shall submit verified reports in compliance with Section 4-341(f) Part 1, Title 24, CCR. The individual in general responsible charge may delegate responsibility for portions of the work on lines 24a through 24d. For projects which include construction of new modular or relocatable buildings manufactured offsite, the architect or engineer in responsible charge must delegate responsibility for preparation of plans and observation of construction on the DSA 1-MR. For relocation of existing modular or relocatable buildings, the architect or engineer in general responsible charge assumes the responsibility for observation of construction unless he/she delegates responsibility using the DSA 1-DEL.

Architect/Engineer in General Responsible Charge: \_\_\_\_\_  
Email: \_\_\_\_\_ CA Reg. No.: \_\_\_\_\_

And/or

Architect/Engineer in General Responsible Charge: \_\_\_\_\_  
Email: \_\_\_\_\_ CA Reg. No.: \_\_\_\_\_

24. If portions of the preparation of the plans and specifications and the observation of construction were delegated, show name of registered engineer(s), and related information below. Changes to the delegated responsibility for individuals listed below shall be submitted to DSA on the DSA 108 or DSA 109. If more than one individual in a firm is listed, then only the individual who accepts the responsibility for observation of construction shall submit verified reports in compliance with Section 4-341(f) Part 1, Title 24, CCR. If no individual(s) is delegated, the individual in general responsible charge assumes responsibility for the applicable work on a project.

24a. Structural Engineering Firm: \_\_\_\_\_ Tel.: \_\_\_\_\_  
Engineer: \_\_\_\_\_ CA Reg. No.: \_\_\_\_\_  
Email: \_\_\_\_\_

And/or

Engineer: \_\_\_\_\_ CA Reg. No.: \_\_\_\_\_  
Email: \_\_\_\_\_

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24b. Mechanical Engineering Firm: \_\_\_\_\_ Tel.: \_\_\_\_\_  
 Engineer: \_\_\_\_\_ CA Reg. No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

And/or

Engineer: \_\_\_\_\_ CA Reg. No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

24c. Electrical Engineering Firm: \_\_\_\_\_ Tel.: \_\_\_\_\_  
 Engineer: \_\_\_\_\_ CA Reg. No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

And/or

Engineer: \_\_\_\_\_ CA Reg. No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

24d. Geotechnical Engineering Firm: \_\_\_\_\_ Tel.: \_\_\_\_\_  
 Engineer: \_\_\_\_\_ CA Reg. No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

And/or

Engineer: \_\_\_\_\_ CA Reg. No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

25.  The project involves delegation of responsibility other than reflected in lines 24a–24d above. See instructions.

26. OTHER FACTORS (Check appropriate boxes)

26a.	FLOOD HAZARD (Check boxes that apply) For details see DSA 3, sections D and 3.03V, and DSA PR 14-01	<input type="checkbox"/> YES <input type="checkbox"/> NO	Project is located in a flood hazard area as defined by the adopted local jurisdiction flood hazard map.
		<input type="checkbox"/> YES <input type="checkbox"/> NO	Project is Alteration/Modernization, Rehabilitation or Reconstruction and value of project is more than 50% of the pre-improvement replacement value of the structure.
26b.	GEOHAZARD (Check one box only)	<input type="checkbox"/> I have verified that this project does not require submittal of a Geohazard Report, per the most current edition of DSA IR A-4.	
		<input type="checkbox"/> Geohazard report is required and has been submitted to the California Geological Survey, in accordance with the most current edition of DSA IR A-4.	
26c.	WAIVER OF DURABILITY <input type="checkbox"/>	(For Relocatable Buildings Only) The school district requests waiver of durability requirements for substandard foundations per the most current edition of IR 16-1 and acknowledges that a conditional approval is acceptable.	
26d.	WIND LOADING <input type="checkbox"/>	(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 110 mph / 115 mph and a Topographical Factor Kzt=1.0 (ASCE 7-10, Section 26.8).	
26e.	FIRE HAZARD SEVERITY ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is this project located in Wildland-Urban Interface Fire Area per the Local Fire Authority, as described in CBC, Chapter 7A?

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**27. 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 to which Regional Office form DSA 1 is being submitted:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> DSA Oakland Region<br>1515 Clay Street<br>Suite 1201<br>Oakland, CA 94612 | <input type="checkbox"/> DSA Sacramento Region<br>1102 Q Street<br>Suite 5200<br>Sacramento, CA 95811 | <input type="checkbox"/> DSA Los Angeles Region<br>700 N. Alameda St.<br>Suite 5-500<br>Los Angeles, CA 90012 | <input type="checkbox"/> DSA San Diego Region<br>10920 Via Frontera Rd.<br>Suite 300<br>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 04-15-2016). In the event a conflict should exist, the language in the current DSA form will prevail.