

CONSTRUCTION START NOTICE/INSPECTION CARD REQUEST

This form has been completed by the Architect/Engineer responsible for the project, or by the School District, in accordance with California Code of Regulations, Title 24, Part 1, Section 4-331, and submitted to DSA.

DSA Use Only: Date Cards Issued by DSA:	Number of cards issued:	Issued by:
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1. GENERAL INFORMATION		
School District/State Agency:	DSA File #: -	
School Name:	DSA App. #: -	
Project Name:	CDS #:	
Date of DSA 102-IC Submittal:	Construction Start Date:	
Submitted By:	Phone #:	
Email:	Number of attached pages: (If none, enter "0")	
For initial submittal, complete Sections 1 through 5, or		
<input type="checkbox"/> Check this box if amending the original or previously submitted DSA 102-IC, and enter only the amending information in applicable sections. Note: Additional inspection cards must be requested on a new DSA 102-IC submitted, with the new date.		

2. SCOPE OF WORK FOR THIS CONSTRUCTION PROJECT — AGGREGATE SCOPE OF ALL CONTRACTS		
<input type="checkbox"/>	a. Check this box if the scope of work includes any site work, including non-building site structures.	
<input type="checkbox"/>	b. Check this box if the scope of work includes any buildings, and list each building's unique identifiers (numbers, letters or names), as identified on the DSA 153: (Do not list non-building site structures here. See DSA procedure PR 13-01 for definition.)	
<input type="checkbox"/>	c. Check this box if there is a scope of work shown on the DSA-approved plans or on the DSA project application that is not included in items a. or b. above: (List building numbers, letters or names; for site work/non-building site structures, provide a brief description below.)	
Project Phasing: Will items indicated above be in future phase(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of anticipated phases?		

3. LISTING OF PROJECT PARTICIPANTS			
List primary collaborators of designated tracks in DSAbox.			
District/Owner:		Contact Name:	
Title:	Email:	Phone #:	
Design Professional in General Responsible Charge: (Firm Name)			
Name:	Email:	License #:	
		Phone #:	
Name:	Email:	License #:	
		Phone #:	
Project Inspector:		DSA 5 Approval Date:	Phone #:
Email:		DSA Certification #:	
In-Plant Inspector:		DSA 5 Approval Date:	Phone #:
Email:		DSA Certification #:	
General Contractor: (Firm Name)			License #:
Name:	Email:	Phone #:	
Laboratory of Record		LEA #:	License #:
Name:	Email:	Phone #:	
Geotechnical Lab:		LEA #:	
Geotechnical Engineer:		Email:	License #:
			Phone #:
Geotechnical Engineer:		Email:	License #:
			Phone #:
Geotechnical Engineer is hired by: the Laboratory of Record <input type="checkbox"/> the District/Owner <input type="checkbox"/>			

4. PROJECT DELIVERY METHOD		
<input type="checkbox"/> Design / Bid / Build	<input type="checkbox"/> Design Build	<input type="checkbox"/> Lease-Lease Back
<input type="checkbox"/> CM Multi-Prime	<input type="checkbox"/> CM at Risk	<input type="checkbox"/> Owner Builder

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5. LISTING OF PROJECT COLLABORATORS FOR DSAbOX PERMISSIONS

Design Professional with delegated responsibility requiring separate folder with Viewer/Uploader permission:
(Verification of DSA 1-DEL required.)

Discipline:		License #:
Name:	Email:	Phone #:
Discipline:		License #:
Name:	Email:	Phone #:

Design Professional with delegated responsibility for Viewer permission in project folder: *(Verification of DSA 1 required.)*

Structural Engineer: <i>(Firm Name)</i>		
Name:	Email:	License #:
		Phone #:
Name:	Email:	License #:
		Phone #:
Mechanical Engineer: <i>(Firm Name)</i>		
Name:	Email:	License #:
		Phone #:
Name:	Email:	License #:
		Phone #:
Electrical Engineer: <i>(Firm Name)</i>		
Name:	Email:	License #:
		Phone #:
Name:	Email:	License #:
		Phone #:



Architect or Structural Engineer for design of relocatables or modular buildings *(List each firm if multiple manufacturers.)*

Architect or Structural Engineer: <i>(Firm Name)</i>		
Name:	Email:	License #:
		Phone #:
Name:	Email:	License #:
		Phone #:

Architect or Structural Engineer for observation of in-plant construction of relocatables or modular buildings *(List each firm if multiple manufacturers.)*

Architect or Structural Engineer: <i>(Firm Name)</i>		
Name:	Email:	License #:
		Phone #:
Name:	Email:	License #:
		Phone #:

Architect or Structural Engineer for observation of site construction of relocatables or modular buildings *(List each firm if multiple manufacturers.)*

Architect or Structural Engineer: <i>(Firm Name)</i>		
Name:	Email:	License #:
		Phone #:
Name:	Email:	License #:
		Phone #:

Architect/Engineer project folder collaborators:	PERMISSION LEVEL	
	View	View/Upload
Name:	Email:	<input type="checkbox"/>

School District/Owner project folder collaborators: *(Includes CM Multi-Prime, Facilities and Program Managers, if applicable.)*

School District/Owner project folder collaborators:	PERMISSION LEVEL	
	View	View/Upload
Name:	Email:	<input type="checkbox"/>

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Special Inspectors NOT employed by the Laboratory of Record (LOR): <i>(List individually. Separate folders will be created under the School District for each Special Inspector and/or Geotechnical Engineer. Do not complete this section if the Special Inspector/Geotechnical Engineer is employed by the LOR. See Section 3.)</i>				
Name:		Certification # (if applicable):		
Discipline:	Email:	Phone #:		
Name:		Certification # (if applicable):		
Discipline:	Email:	Phone #:		
Name:		Certification # (if applicable):		
Discipline:	Email:	Phone #:		
Name:		Certification # (if applicable):		
Discipline:	Email:	Phone #:		
Name:		Certification # (if applicable):		
Discipline:	Email:	Phone #:		
Request for additional project folder collaborators:			PERMISSION LEVEL	
			View	View/Upload
Name:	Email:	Folder	<input type="checkbox"/>	<input type="checkbox"/>
Phone #:				
Name:	Email:	Folder	<input type="checkbox"/>	<input type="checkbox"/>
Phone #:				
Name:	Email:	Folder	<input type="checkbox"/>	<input type="checkbox"/>
Phone #:				
Name:	Email:	Folder	<input type="checkbox"/>	<input type="checkbox"/>
Phone #:				
Name:	Email:	Folder	<input type="checkbox"/>	<input type="checkbox"/>
Phone #:				
Name:	Email:	Folder	<input type="checkbox"/>	<input type="checkbox"/>
Phone #:				
Name:	Email:	Folder	<input type="checkbox"/>	<input type="checkbox"/>
Phone #:				
Name:	Email:	Folder	<input type="checkbox"/>	<input type="checkbox"/>
Phone #:				



Submit this form electronically to the DSA Regional Office with construction oversight authority for this project:			
<input type="checkbox"/> DSA Oakland Oakfielddocs@dgs.ca.gov	<input type="checkbox"/> DSA Sacramento Sacfielddocs@dgs.ca.gov	<input type="checkbox"/> DSA Los Angeles Lfielddocs@dgs.ca.gov	<input type="checkbox"/> DSA San Diego SDfielddocs@dgs.ca.gov