

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:	Contracted Amount:	\$
Submitted By:		Phone #:	
Email:	Number of attached pages: (If none, enter "0")		

For initial submittal, complete Sections 1 through 6, or
☐ 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 or 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)? ☐ Yes ☐ No Number of anticipated phases?

3. FIRE LIFE SAFETY

The California Fire Code (CFC) requires the owner or owner's agent to develop a written site safety plan that includes the information outlined in Section 3303.1.1. DSA requires the completed site safety plan to be submitted prior to the start of construction.

<input type="checkbox"/>	a. Checking this box indicates that the required site safety plan has been submitted to DSA.
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4. LISTING OF PROJECT PARTICIPANTS

List primary collaborators of designated tracks in DSAbbox.

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-PI Approval Date:	Phone #:
Email:	DSA Certification #:

In-Plant Inspector:

DSA 5-IPi Approval Date:	Phone #:
Email:	DSA Certification #:

General Contractor: (Firm Name)

License #:
Name:
Email:
Phone #:

Laboratory of Record – Soils & Foundations:

LEA #:	Phone #:
Engineering Manager:	Email:
Geotechnical Engineer:	Email:
Geotechnical Engineer is hired by: the Laboratory of Record <input type="checkbox"/> the District/Owner <input type="checkbox"/>	

Laboratory of Record – Tests & Special Inspections:

LEA #:	Phone #:
Engineering Manager:	Email:
	License #:

CONSTRUCTION START NOTICE/INSPECTION CARD REQUEST**5. PROJECT DELIVERY METHOD**

☐ Design / Bid / Build
☐ CM Multi-Prime

☐ Design Build
☐ CM at Risk

☐ Lease-Lease Back
☐ Owner Builder

6. 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:	Phone #:
Email:	
Discipline:	License #:
Name:	Phone #:
Email:	

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	Remove All
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>

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School District/Owner project folder collaborators: (Includes CM Multi-Prime, Facilities and Program Managers, if applicable.)		PERMISSION LEVEL		
		View	View/Upload	Remove All
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Inspector project folder collaborators:		PERMISSION LEVEL		
		View	View/Upload	Remove All
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory of Record – Geotechnical project folder collaborators:		PERMISSION LEVEL		
		View	View/Upload	Remove All
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory of Record – Tests & Special Inspections project folder collaborators:		PERMISSION LEVEL		
		View	View/Upload	Remove All
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Contractor project folder collaborators:		PERMISSION LEVEL		
		View	View/Upload	Remove All
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prime Contractors requiring separate folder with Viewer/Uploader permission: (Used with CM Multi-Prime project delivery.)				
Company:		License #:		
Name:	Email:	Phone #:		
Company:		License #:		
Name:	Email:	Phone #:		
Company:		License #:		
Name:	Email:	Phone #:		
Company:		License #:		
Name:	Email:	Phone #:		
Company:		License #:		
Name:	Email:	Phone #:		
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Company:		License #:		
Name:	Email:	Phone #:		

CONSTRUCTION START NOTICE/INSPECTION CARD REQUEST**Special Inspectors NOT employed by the Laboratory of Record (LOR):**

(List individually. Separate folders will be created under the School District for each Special Inspector. Do not complete this section if the Special Inspector is employed by the LOR. See Section 4.)

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	Remove All
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone #:	Folder			
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone #:	Folder			
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone #:	Folder			
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone #:	Folder			
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone #:	Folder			
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone #:	Folder			
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone #:	Folder			
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone #:	Folder			

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 LAfielddocs@dgs.ca.gov	<input type="checkbox"/> DSA San Diego SDfielddocs@dgs.ca.gov
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