

APPLICATION SUPPLEMENT—COLLABORATIVE PROCESS

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](#))

| PROJECT INFORMATION | | | |
|----------------------|---------|-------------|-----------|
| 1. Name of Facility: | | DSA File #: | - |
| 2. School District: | | DSA App. #: | - |
| 3. Project Address: | | | |
| 4. City: | County: | State: | Zip Code: |

| TYPE OF CONSTRUCTION (Building names, new building and/or type of improvements.) |
|--|
| 5. Construction of: |
| 6. Additions to: |
| 7. General Alteration to: |
| 8. Rehabilitation of: |
| 9. Reconstruction of |
| 10. Estimated Construction Cost \$: |

| CONSULTANT REQUEST DETAILS | | | |
|---|--|---|---|
| 11. Is school district requesting use of DSA consultant for collaborative services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 12. If Yes, indicate type of discipline: | <input type="checkbox"/> Structural | <input type="checkbox"/> Access | <input type="checkbox"/> Fire & Life Safety |
| 13. Consulting commences at: | <input type="checkbox"/> First Design Phase Mtg. | <input type="checkbox"/> Last Design Phase Mtg. | <input type="checkbox"/> Plan Review Phase |
| 14. Ideal date for first collaborative meeting with DSA: | | | |
| 15. Geohazards and Geotechnical Status Reports: | <input type="checkbox"/> Submitted; Date: | | <input type="checkbox"/> Not Submitted |
| 16. If not submitted, indicate tentative date for submittal to California Geological Survey for approval: | | | |
| 17. Anticipated submittal date of completed construction documents for plan review: | | | |
| 18. Is there a funding deadline? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 19. If Yes, what date does DSA plan review need to be completed by to meet deadline? | | | |

APPLICANT'S STATEMENT OF RESPONSIBILITY

By signing below, 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 Full Name: _____

| | | | |
|---|---|---|---|
| Submit completed form to the DSA Regional Office with construction oversight authority for the project. | | | |
| <input type="checkbox"/> DSA Oakland Region 1515 Clay Street, Suite 1201 Oakland, CA 94612 | <input type="checkbox"/> DSA Sacramento Region 1102 Q Street, Suite 5200 Sacramento, CA 95811 | <input type="checkbox"/> DSA Los Angeles Region 355 S. Grand Ave., Suite 2100 Los Angeles, CA 90071 | <input type="checkbox"/> DSA San Diego Region 10920 Via Frontera Rd., Suite 300 San Diego, CA 92127 |