

DEFINITION OF SCOPE OF INCREMENTS

All increments must be submitted within 12 months of the initiation of the DSA application.

Project Name: _____

SCOPE OF WORK:				
Incr #	Check boxes that apply and enter description of associated work in space provided to the right.	Anticipated Submittal Date	Est. Cost of Construction	%*
1	<input type="checkbox"/> Construction of:			
	<input type="checkbox"/> Addition to:			
	<input type="checkbox"/> Relocation of:			
	<input type="checkbox"/> Alterations to:			
	<input type="checkbox"/> Rehabilitation of:			
	<input type="checkbox"/> Reconstruction of:			
	<input type="checkbox"/> In-Plant Construction of:			
2	<input type="checkbox"/> Construction of:			
	<input type="checkbox"/> Addition to:			
	<input type="checkbox"/> Relocation of:			
	<input type="checkbox"/> Alterations to:			
	<input type="checkbox"/> Rehabilitation of:			
	<input type="checkbox"/> Reconstruction of:			
	<input type="checkbox"/> In-Plant Construction of:			
3	<input type="checkbox"/> Construction of:			
	<input type="checkbox"/> Addition to:			
	<input type="checkbox"/> Relocation of:			
	<input type="checkbox"/> Alterations to:			
	<input type="checkbox"/> Rehabilitation of:			
	<input type="checkbox"/> Reconstruction of:			
	<input type="checkbox"/> In-Plant Construction of:			

*Percentage of increment to be based on estimated construction cost.

% must total 100

Print Full Name: _____
(Architect or Engineer in General Responsible Charge)

Signature: _____
(Architect or Engineer in General Responsible Charge)

FOR DSA USE ONLY	
DSA File Number:	DSA Application Number: