

PRE-APPLICATION FOR APPROVAL OF A REHABILITATION PROJECT EVALUATION & DESIGN CRITERIA REPORT

This form is required when submitting an Evaluation and Design Criteria Report for the following. See DSA Procedure PR 08-03 for reference.

- Projects seeking to rehabilitate an existing public school building.
- Projects seeking to rehabilitate an existing nonconforming building for use as a public school building.
- Projects seeking to rehabilitate a building which is eligible for funding under the Seismic Mitigation Program (SMP).

PROJECT INFORMATION:

Project Name:

Project Address:

City:

County:

State:

Zip Code:

PROJECT DESCRIPTION: *Describe the building(s) in the space provided below.*

Approx. Total Floor Area (Sq. Ft.):

Design Snow Load:

of Stories:

SCOPE OF REHABILITATION: *Describe the scope of this project in the space provided below.*

APPLICANT INFORMATION: *Individual acting for owner in legal capacity of agent submitting app. for approval.*

Applicant Work Address:

City:

County:

State:

Zip Code:

Applicant's Work Email:

Signature:

Date:

SCHOOL DISTRICT/OWNER INFORMATION:

Name of District/Owner:

Name of Facilities Director or District Contact:

Work Mailing Address:

City:

County:

State:

Zip Code:

Work Phone:

Work Fax:

Work Email:

FOR DSA USE ONLY

FEE RETAINER

RETAINER DEPOSIT

DSA FILE #

DSA PRE-APP #

DATE

\$ 2000.00

PRE-APPLICATION FOR APPROVAL OF A REHABILITATION PROJECT EVALUATION & DESIGN CRITERIA REPORT

EVALUATION & DESIGN CRITERIA REPORT PREPARED BY: Architect or Engineer in General Responsible Charge.

Name:			
Firm Name:			
Work Mailing Address:			
City:	County:	State:	Zip Code:
Work Email:		Work Phone:	

DELEGATION INFORMATION: If preparation of portions of Design & Evaluation Report was delegated, fill out the appropriate information below.

ARCHITECT:		Reg. #:	
Firm Name:			
Work Address:			
City:	County:	State:	Zip Code:
Work Email:		Work Phone:	
STRUCTURAL ENGINEER:		Reg. #:	
Firm Name:			
Work Address:			
City:	County:	State:	Zip Code:
Work Email:		Work Phone:	
MECHANICAL ENGINEER:		Reg. #:	
Firm Name:			
Work Address:			
City:	County:	State:	Zip Code:
Work Email:		Work Phone:	
ELECTRICAL ENGINEER:		Reg. #:	
Firm Name:			
Work Address:			
City:	County:	State:	Zip Code:
Work Email:		Work Phone:	
OWNER'S PEER REVIEWER:		Reg. #:	
Name:			
Work Address:			
City:	County:	State:	Zip Code:
Work Email:		Work Phone:	

Submit completed form to the DSA Regional Office with construction oversight authority for the project.

<input type="checkbox"/> DSA OAKLAND 1515 Clay Street, Suite 1201 Oakland, CA 94612	<input type="checkbox"/> DSA SACRAMENTO 1102 Q Street, Suite 5200 Sacramento, CA 95811	<input type="checkbox"/> DSA LOS ANGELES 355 South Grand Ave., Suite 2100 Los Angeles, CA 90071	<input type="checkbox"/> DSA SAN DIEGO 10920 Via Frontera Rd., Suite 300 San Diego, CA 92127
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