

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: |
|--|-------------------------|------------|

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: <i>(If none, enter "0")</i> | | |

For initial submittal, complete Sections 1 through 5, 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: <i>(Do not list non-building site structures here. See DSA procedure PR 13-01 for definition.)</i> |
| <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: <i>(List building numbers, letters or names; for site work/non-building site structures, provide a brief description below.)</i> |

Project Phasing: Will items indicated above be in future phase(s)? Yes 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-PI Approval Date: | Phone #: |
| Email: | DSA Certification #: | |
| In-Plant Inspector: | DSA 5-IPI Approval Date: | Phone #: |
| Email: | DSA Certification #: | |

General Contractor: *(Firm Name)*

| | | |
|-------|--------|------------|
| Name: | Email: | License #: |
| | | 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 the District/Owner

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: <i>(Verification of DSA 1-DEL required.)</i> | | | |
| 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"/> | <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"/> |
| School District/Owner project folder collaborators: <i>(Includes CM Multi-Prime, Facilities and Program Managers, if applicable.)</i> | | PERMISSION LEVEL | |
| | | View | View/Upload |
| 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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| Project Inspector project folder collaborators: | | PERMISSION LEVEL | |
|---|--------|--------------------------|--------------------------|
| | | View | View/Upload |
| 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"/> |
| Laboratory of Record project folder collaborators: | | PERMISSION LEVEL | |
| | | View | View/Upload |
| 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"/> |
| General Contractor project folder collaborators: | | PERMISSION LEVEL | |
| | | View | View/Upload |
| 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"/> |
| Prime Contractors requiring separate folder with Viewer/Uploader permission: <i>(Used with CM Multi-Prime project delivery.)</i> | | | |
| 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 #: | |

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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 #: | | |
| Request for additional project folder collaborators: | | | PERMISSION LEVEL | |
| | | | View | View/Upload |
| Name: | Email: | | <input type="checkbox"/> | <input type="checkbox"/> |
| Phone #: | Folder | | <input type="checkbox"/> | <input type="checkbox"/> |
| Name: | Email: | | <input type="checkbox"/> | <input type="checkbox"/> |
| Phone #: | Folder | | <input type="checkbox"/> | <input type="checkbox"/> |
| Name: | Email: | | <input type="checkbox"/> | <input type="checkbox"/> |
| Phone #: | Folder | | <input type="checkbox"/> | <input type="checkbox"/> |
| Name: | Email: | | <input type="checkbox"/> | <input type="checkbox"/> |
| Phone #: | Folder | | <input type="checkbox"/> | <input type="checkbox"/> |
| Name: | Email: | | <input type="checkbox"/> | <input type="checkbox"/> |
| Phone #: | Folder | | <input type="checkbox"/> | <input type="checkbox"/> |
| Name: | Email: | | <input type="checkbox"/> | <input type="checkbox"/> |
| Phone #: | Folder | | <input type="checkbox"/> | <input type="checkbox"/> |
| Name: | Email: | | <input type="checkbox"/> | <input type="checkbox"/> |
| Phone #: | Folder | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|---|--|--|
| 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 |