

## CODE APPEAL ROUTER

This form shall be completed by the Design Professional in General Responsible Charge of the project, in accordance with the Division of the State Architect procedure *PR 09-01: Code Appeal*. Provide a brief description of the issue being appealed and applicable code sections. Attach documentation as necessary to explain the issue and support the appeal.

School District/Owner:		DSA File #:	
Project Name/School:		DSA App#:	
Date Submitted:	Applicable Code Sections:		
Attached pages?: <input type="checkbox"/> No <input type="checkbox"/> Yes (_____pages)			
<b>APPELLANT</b>			
Firm Name:		Contact Name:	
Email:		Phone Number	
Address:			
City:		CA	Zip:
<b>DESIGN PROFESSIONAL IN GENERAL RESPONSIBLE CHARGE</b>			
Name of Design Professional in General Responsible Charge:			
Professional License #:		Discipline:	
Signature: _____ <small>DESIGN PROFESSIONAL IN GENERAL RESPONSIBLE CHARGE</small>			
<b>DESCRIPTION OF ISSUE/APPEAL</b> (attach additional pages if necessary)			

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<b>DSA USE ONLY – FROM THIS PAGE FORWARD</b>			
<b>DSA PLAN/FIELD REVIEW SUPERVISOR</b>			
Received by:		Date Received:	
Appeal Title:		Appeal #:	
<b>Technical Response</b> (attach additional pages if needed):			
<b>APPEAL RECOMMENDATION</b>			
<input type="checkbox"/> <b>Approve</b>	<input type="checkbox"/> <b>Disapprove</b>	<input type="checkbox"/> <b>Withdrawn by Appellant</b>	
<b>By DSA Supervisor:</b>			<b>Date:</b>
<i><b>Note:</b> Forward to Regional Manager unless withdrawn.</i>			
<b>DSA STATEWIDE TEAM REVIEW REQUIREMENTS</b>			
<input type="checkbox"/> <b>Statewide Team Review Not Required:</b> Mark appropriate box and leave below sections blank.  <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> <i>Appeal Approved by Supervisor</i></span> <span><input type="checkbox"/> <i>Resolved by Past Appeal</i></span> <span><input type="checkbox"/> <i>Unfounded/No Code Basis</i></span> </div>			
<input type="checkbox"/> <b>Statewide Team Review Required:</b> Statewide team to complete the below sections.			
Received by:		Date Received:	
<b>Technical Response</b> (attach additional pages if needed):			
<b>Appeal Recommendation</b>	<input type="checkbox"/> <b>Approve</b>	<input type="checkbox"/> <b>Disapprove</b>	<b>Date:</b>
<b>By Team Lead Person (name):</b>			
<i><b>Note:</b> Forward to Regional Manager.</i>			

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DSA REGIONAL MANAGER			
Received by:		Date Received:	
<input type="checkbox"/> <b>Appeal is rejected</b> (mark appropriate box): <div style="margin-left: 20px;"> <input type="checkbox"/> <i>Resolved by past code appeal (list number and attach past technical response):</i>   <input type="checkbox"/> Unfounded/No code basis:   <input type="checkbox"/> Unambiguous code. Direct conflict with well-defined code (provide code sections):           </div>			
<input type="checkbox"/> <b>Concur with Supervisor</b>	<input type="checkbox"/> <b>Concur with Statewide Team</b>	<input type="checkbox"/> <b>Do not concur with Statewide Team</b> (Presentation to Executive Team is required.)	
<input type="checkbox"/> Executive Team evaluated the code appeal on (date):			
<b>DESCRIPTION OF FINAL DECISION/INTERPRETATION</b> (attach additional pages if necessary)			
<i>This decision is now the official position of DSA for this appeal.</i>			
<b>Appeal Finding</b>	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Not Approved</b>	<b>Date:</b>
Regional Manager Printed Name:			
Regional Manager Signature:			
Concurrence by the State Architect: _____ <small>(ONLY AS REQUIRED BY PR 09-01)</small> <span style="float: right;"><small>(STATE ARCHITECT SIGNATURE)</small></span>			