

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)			
APPELLANT			
Firm Name:		Contact Name:	
Email:		Phone Number	
Address:			
City:		CA	Zip:
DESIGN PROFESSIONAL IN GENERAL RESPONSIBLE CHARGE			
Name of Design Professional in General Responsible Charge:			
Professional License #:		Discipline:	
Signature: _____ <i>DESIGN PROFESSIONAL IN GENERAL RESPONSIBLE CHARGE</i>			
DESCRIPTION OF ISSUE/APPEAL (attach additional pages if necessary)			

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DSA USE ONLY – FROM THIS PAGE FORWARD

DSA PLAN/FIELD REVIEW SUPERVISOR

Received by:	Date Received:
Appeal Title:	Appeal #:

Technical Response (attach additional pages if needed):

APPEAL RECOMMENDATION

<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	<input type="checkbox"/> Withdrawn by Appellant
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By DSA Supervisor:	Date:
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Note: Forward to Regional Manager unless withdrawn.

DSA STATEWIDE TEAM REVIEW REQUIREMENTS

Statewide Team Review Not Required: Mark appropriate box and leave below sections blank.

Appeal Approved by Supervisor
 Resolved by Past Appeal
 Unfounded/No Code Basis

Statewide Team Review Required: Statewide team to complete the below sections.

Received by:	Date Received:
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Technical Response (attach additional pages if needed):

Appeal Recommendation	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	Date:
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By Team Lead Person (name):

Note: Forward to Regional Manager.

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DSA REGIONAL MANAGER			
Received by:		Date Received:	
<input type="checkbox"/> Appeal is rejected (mark appropriate box): <ul style="list-style-type: none"> <input type="checkbox"/> Resolved by past code appeal (list number and attach past technical response): <input type="checkbox"/> Unfounded/No code basis: <input type="checkbox"/> Unambiguous code. Direct conflict with well-defined code (provide code sections): 			
<input type="checkbox"/> Concur with Supervisor	<input type="checkbox"/> Concur with Statewide Team	<input type="checkbox"/> Do not concur with Statewide Team (Presentation to Executive Team is required.)	
<input type="checkbox"/> Executive Team evaluated the code appeal on (date):			
DESCRIPTION OF FINAL DECISION/INTERPRETATION (attach additional pages if necessary)			
<i>This decision is now the official position of DSA for this appeal.</i>			
Appeal Finding	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date:
Regional Manager Printed Name:			
Regional Manager Signature:			
Concurrence by the State Architect: _____ <small>(ONLY AS REQUIRED BY PR 09-01)</small> <small>(STATE ARCHITECT SIGNATURE)</small>			