

## APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS

Forms and publications referenced within this document are available on the [DSA Forms](#) and the [DSA Publications](#) webpages. Please print or type all information—or you may complete online and print for signatures. ALL FIELDS MUST BE FILLED IN PER INSTRUCTIONS (SEE PAGE 5).

1. Name of Facility: \_\_\_\_\_
2. School District (or State Agency): \_\_\_\_\_  
 District/Agency Mailing Address: \_\_\_\_\_
3. Dist. Superintendent: \_\_\_\_\_  
 Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_
4. Facilities Director/Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**APPLICATION PURPOSE:** (Check applicable box and provide application number where required.)

- A.1  Initial Registration for Project Submittal (DSA will create new application number).
- A.2  Revised Registration for Project Submittal. DSA Application #: \_\_\_\_\_
- A.3  Project Submittal. Is the project registered?  YES  NO  
 If yes, then DSA Application # is \_\_\_\_\_

**PROJECT SCOPE:** For questions 5–10, please provide specific building names per instructions.

5. Construction of: \_\_\_\_\_  
 Past Application Occupied without DSA Certification?  YES  NO
6. Addition to: \_\_\_\_\_  
 Past Application Occupied without DSA Certification?  YES  NO
7. Relocation of: \_\_\_\_\_  
 Past Application Occupied without DSA Certification?  YES  NO
8. General Alteration to: \_\_\_\_\_  
 Past Application Occupied without DSA Certification?  YES  NO
9. Rehabilitation of: \_\_\_\_\_  
 DSA Rehabilitation Pre-Application #: \_\_\_\_\_
10. Reconstruction of: \_\_\_\_\_  
 Past Application Occupied without DSA Certification?  YES  NO

DSA USE ONLY					
	FEE SCHED.	CORRECT FEE	FEE PAID	UP/OP	REFUND
AC					
SS					
FLS					
DSA FILE NO.	DSA APP. NO.	DATE ASSIGNED	ESTIMATED COST	LANDSCAPE IRRIGATION	

**APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS**

11. Review Requested:

- Access                       Structural                       Fire & Life Safety                       Landscape Irrigation
- Incremental review requested (*DSA 1-INC: Definition of Scope of Increments* attached)
- Over the Counter (OTC) requested (*DSA 145: Paper Record Set Handling* attached)

12. Project Location (Street Address): \_\_\_\_\_

13. City: \_\_\_\_\_ Zip: \_\_\_\_\_ County of: \_\_\_\_\_

14. Project Track. No. (PTN): \_\_\_\_\_ 15. Estimated Cost: \$ \_\_\_\_\_

16. Will project be submitted to the Office of Public School Construction (OPSC) for funding under the School Facilities Program?                       YES                       NO                      (If "NO" skip to line 17)

16a. OPSC Application No. (If known): \_\_\_\_\_

17. Approximately Total Floor Area (Sq. Ft.): \_\_\_\_\_

18. Design Snow Load: \_\_\_\_\_

18a. (Prop 39) If project is using Proposition 39 funds, enter the amount: \$ \_\_\_\_\_

19. **State Agencies Only:** Customer Account #: \_\_\_\_\_ ABMS Project #: \_\_\_\_\_

20. **Applicant's Statement of Responsibility:** *I certify, under penalty of perjury, that I am acting for the school district/state agency in the legal capacity of agent making application for approval of plans and specifications. I further certify that, to the best of my knowledge, the answers given on this application are true and correct.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

21. Name of Applicant (Please Print): \_\_\_\_\_ Title: \_\_\_\_\_

22. Work Mailing Address (if Applicant is different from name shown in #2 or #23): \_\_\_\_\_

23. Architectural or Structural Engineering Firm: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

The following individual(s) is in general responsible charge of the preparation of plans, specifications, and related documents, and the observation of construction (Title 24, Part 1, Section 4-316, of the California Code of Regulations). If more than one individual in a firm is listed, then only the individual who accepts the responsibility for observation of construction shall submit verified reports in compliance with Section 4-341(f) Part 1, Title 24, CCR. The individual in general responsible charge may delegate responsibility for portions of the work on lines 24a through 24d. For projects which include construction of new modular or relocatable buildings manufactured offsite, the architect or engineer in responsible charge must delegate responsibility for preparation of plans and observation of construction to the manufacturer's architect or engineer on line 1.0 of form *DSA 1-MR: Application for New Manufactured Permanent Modular or Relocatable Buildings*. For relocation of existing modular or relocatable buildings, the architect or engineer in general responsible charge assumes the responsibility for observation of construction unless he/she delegates responsibility using the form *DSA 1-DEL: Delegation of Responsibility*.

Architect/Engineer in General Responsible Charge: \_\_\_\_\_

Work Email: \_\_\_\_\_ CA Reg. #: \_\_\_\_\_

And/or

Architect/Engineer in General Responsible Charge: \_\_\_\_\_

Work Email: \_\_\_\_\_ CA Reg. #: \_\_\_\_\_

**APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS**

24. If portions of the preparation of the plans and specifications and the observation of construction were delegated, show name of registered engineer(s), and related information below. Changes to the delegated responsibility for individuals listed below shall be submitted to DSA on the form *DSA 108: Change in Delegation of Responsibility* or the form *DSA 109: Transfer of Responsibility: Geotechnical Engineer*. If more than one individual in a firm is listed, then only the individual who accepts the responsibility for observation of construction shall submit verified reports in compliance with Section 4–341(f) Part 1, Title 24, CCR. If no individual(s) is delegated, the individual in general responsible charge assumes responsibility for the applicable work on a project.

24a. Structural Engineering Firm: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Engineer: \_\_\_\_\_ CA Reg. #: \_\_\_\_\_  
Work Email: \_\_\_\_\_

And/or

Engineer: \_\_\_\_\_ CA Reg. #: \_\_\_\_\_  
Work Email: \_\_\_\_\_

24b. Mechanical Engineering Firm: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Engineer: \_\_\_\_\_ CA Reg. #: \_\_\_\_\_  
Work Email: \_\_\_\_\_

And/or

Engineer: \_\_\_\_\_ CA Reg. #: \_\_\_\_\_  
Work Email: \_\_\_\_\_

24c. Electrical Engineering Firm: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Engineer: \_\_\_\_\_ CA Reg. #: \_\_\_\_\_  
Work Email: \_\_\_\_\_

And/or

Engineer: \_\_\_\_\_ CA Reg. #: \_\_\_\_\_  
Work Email: \_\_\_\_\_

24d. Geotechnical Engineering Firm: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Engineer: \_\_\_\_\_ CA Reg. #: \_\_\_\_\_  
Work Email: \_\_\_\_\_

And/or

Engineer: \_\_\_\_\_ CA Reg. #: \_\_\_\_\_  
Work Email: \_\_\_\_\_

25.  The project involves delegation of responsibility other than reflected in lines 24a–24d above. See page 5 for instructions.

**APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS**

26.	<b>OTHER FACTORS</b> (Check appropriate boxes)	
26a.	FLOOD HAZARD (Check boxes that apply)  For details see <i>PR 14-01: Flood Design and Project Submittal Requirements</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> YES <input type="checkbox"/> NO
		Project is located in a flood hazard area as defined by the adopted local jurisdiction flood hazard map.  Project is Alteration/Modernization, Rehabilitation or Reconstruction and value of project is more than 50% of the pre-improvement replacement value of the structure.
26b.	GEOHAZARD (Check one box only)	<input type="checkbox"/> I have verified that this project does not require submittal of a Geohazard Report, per the most current edition of interpretation of regulations (IR) <i>IR A-4: Geohazard Report Requirements</i> .
		<input type="checkbox"/> Geohazard report is required and has been submitted to the California Geological Survey, in accordance with the most current edition of IR A-4.
26c.	WAIVER OF DURABILITY <input type="checkbox"/>	(For Relocatable Buildings Only) The school district requests waiver of durability requirements for substandard foundations per the most current edition of <i>IR 16-1: Design and Construction Requirements for Relocatable Buildings and Modular Elevator Towers</i> and acknowledges that a conditional approval is acceptable.
26d.	WIND LOADING <input type="checkbox"/>	(For Over the Counter Projects Only) I have verified this project wind exposure is C or less, has a basic wind speed of not more than 110 mph / 115 mph and a Topographical Factor $K_{zt}=1.0$ (ASCE 7-10, Section 26.8).
26e.	FIRE HAZARD SEVERITY ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO  Is this project located in a Wildland-Urban Interface (WUI) Fire Area predesignated by CAL FIRE or the Local Fire Authority, as described in California Building Code, Chapter 7A?

**27. Statement of responsibility: Architect/Engineer in General Responsible Charge**

I certify under penalty of perjury that all information presented on this form is true and correct and that I understand, and will fulfill, my responsibilities as the architect/engineer in general responsible charge of this project as defined in Title 24, Part 1, Section 4-341 of the California Code of Regulations.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Architect or Engineer in General Responsible Charge)

**Disclaimer:** I certify that this form is an exact duplicate (verbatim) of the form provided by the Division of the State Architect (DSA), i.e., form DSA 1 (Revision 01/08/20). In the event a conflict should exist, the language in the current DSA form will prevail.

Check the box for the DSA Regional Office this DSA 1 form is being submitted:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> DSA Oakland Region<br>1515 Clay Street<br>Suite 1201<br>Oakland, CA 94612 | <input type="checkbox"/> DSA Sacramento Region<br>1102 Q Street<br>Suite 5200<br>Sacramento, CA 95811 | <input type="checkbox"/> DSA Los Angeles Region<br>355 South Grand Avenue<br>Suite 2100<br>Los Angeles, CA 90071 | <input type="checkbox"/> DSA San Diego Region<br>10920 Via Frontera Rd.<br>Suite 300<br>San Diego, CA 92127 |
|--|---|--|---|

# DSA 1 INSTRUCTIONS

## APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS

**GENERAL:** Print or type all information. Please use black ink, as form will be photocopied for Division of the State Architect (DSA) use. You may also complete this form online at the DSA website ("Forms" page). When completed online, print a hard copy for signatures. Alternatively, you may save and submit electronically.

This form is used to apply for DSA review and approval by Structural Safety (SS), Fire and Life Safety (FLS) and Access Compliance (AC), for:

- Projects at school sites on K–12 and community college campuses.
- For Access Compliance review only at state universities and state-owned-and-operated properties where state funds are utilized in whole, or in part, for any building or facility.
- State-owned or state-leased essential services buildings.

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### Line 1: Name of Facility

Identify school, facility or project site. Do not include descriptions, such as "Phase 1," etc., on the DSA 1.

An application shall not include construction on more than one site.

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### Line 2: School District (or State Agency)

Provide the name and mailing address of the school district or state agency owner of the project.

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### Line 3: District Superintendent

Provide name and contact information of the school district superintendent. For non-school projects, provide the department and division and/or office.

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### Line 4: Facilities Director/Contact

Provide the full name, title, work phone number and work email address of the director of facilities or other appropriate contact person who should receive notification letters sent via email. For non-school projects, provide the building or facility owner/manager.

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### Lines A.1, A.2 and A.3: Application Purpose

Since the Application may be received more than once for any individual project; the intent of this section is for DSA to determine if a new

application number is required or if an application number already exists.

### Line A.1: Initial Registration for Project Submittal

Check this box when scheduling the first intended project submittal date.

### Line A.2: Revised Registration for Project Submittal

Check this box and provide the already assigned DSA Application Number when a revised project submittal date is being requested.

### Line A.3: Project Submittal

Check this box when the actual project is being submitted.

Check the applicable box indicating if the project was registered for submittal.

Provide the already assigned DSA Application Number if the project was registered for submittal.

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### PROJECT SCOPE: For questions 5–10.

The following list of project scope designations shall adhere to Section 4-314 "Definitions," listed in the California Building Standards Administrative Code (Part 1, Title 24, C.C.R.). Note that for lines 6, 7, 8 and 10, you must indicate if any past projects on the site were occupied without certification.

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### Line 5: Construction of:

List by use, name and number/letter designation (if available) for the construction of new separate buildings or structures.

**Note:** Construction and placement of any new relocatable building is considered new construction, unless the project falls under the definition of "Relocation" as described in Line 7.

**Example 1:** The construction of a new building containing classrooms, restrooms and a gymnasium may be described as "Construction of: New Multi-Purpose Building (Bldg. A)."

**Example 2:** Six new classroom buildings completely separated from each other and from other existing buildings on the campus may be described as "Construction of: 6 classroom buildings (Bldgs. 1–6)."

**Example 3:** Construction and placement of five new relocatable buildings may be described as

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**APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS**

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“Construction of: 5 Relocatable classroom buildings (Bldgs. G–K).”

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**Line 6: Additions to:**

Identify the names and uses of the buildings and structures where the addition will occur.

**Example:** An addition of two classrooms at the end of an existing classroom wing may be described as “Additions to: Classroom Building ‘A’.”

**Note:** “Addition of two classrooms” is not an acceptable description.

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**Line 7: Relocation of:**

Identify names of the buildings to be relocated. At the direction of the regional office, include the application number under which the building was constructed.

**Example 1:** “Relocation of: 1 Relocatable Classroom from application # 35562.”

**Example 2:** “Relocation of: 2 Relocatable Classrooms from stockpile, application # 02-108055.”

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**Line 8: General Alterations to:**

Identify the names of the existing buildings and structures to be altered.

**Example 1:** The addition of HVAC units to two classroom wings may be described as “Alterations to: two classroom buildings.”

**Example 2:** When a project involves a majority of, or all, buildings on a campus that are non-structural in nature (e.g., installation of a new fire alarm system, re-roofing, HVAC replacement), the scope may be described as “Alterations to: School Name (Fire Alarm System), (Re-roofing) or (HVAC System).”

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**Line 9: Rehabilitation of:**

Identify name of the building or buildings to be rehabilitated.

**Note:** Rehabilitation projects must be initiated with a DSA Rehabilitation Pre-Application process. If you have received a “pre-application” number, enter it on this line.

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**Line 10: Reconstruction of:**

Fill in the name of the building in which the damage is located.

**Note:** Only fire damage is allowed to be repaired as “Reconstruction,” utilizing previous code requirements. Any other type of damage repair (e.g., earthquake, wind, etc.) would have to be upgraded to current code requirements. Access Compliance must comply with current code and upgrades may be required.

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**Line 11: Review Requested:** Check any boxes that apply

**Access/Structural/Fire & Life Safety:** Check any boxes that apply.

**Landscape:** Check for landscape irrigation self-certification review, and provide a *DSA 1-L: Title 24, Part 11 – Outdoor Water Use: Self-Certification of Landscape Irrigation Design and Documentation* along with this form. See *PR 15-03: Compliance with CALGreen Code Outdoor Water Use Regulations* for further instructions.

**Incremental Review:** When the project will be submitted in increments for plan review, check this box and follow the instructions in *IR A-11: Incremental Submittals*. Identify scope on the form *DSA 1-INC: Definition of Scope of Increments* and submit with DSA 1.

**OTC:** If over-the-counter review, check this box and provide form *DSA 145: Paper Record Set Handling* along with the DSA 1.

**Note:** The scope of the increments must be discussed with and pre-approved by DSA.

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**Line 12: Project Location**

Identify the physical location with the street address. This will be used for mapping for seismic activity. For new construction, site coordinates are acceptable if the mailing address has not yet been assigned. Send amending letter when it has been assigned.

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**APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS**

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**Line 14: Project Tracking Number (PTN)**

A common project tracking number is required for projects located on K–12 sites. Projects that do not require a PTN are: community college projects, non-K–12 “access only” projects and essential services buildings.

The PTN can be found, or a new one obtained, on the [Office of Public School Construction](#) (OPSC) website.

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**Line 15: Estimated Cost**

Indicate the estimated construction cost for the project based on prevailing costs at the time the plans and specifications are submitted to DSA. The estimated costs shall include all increments. Use form DSA 1-INC to indicate the estimated cost of each increment.

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**Line 16: Will project be submitted to OPSC for funding?**

For K–12 projects, check “yes” or “no.”

**Line 16a:** If known, provide the OPSC application number.

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**Line 17: Approximate Total Floor Area (Sq. Ft.)**

Indicate total floor area in scope of work.

**Note:** Line 17 is not required for **access only** projects.

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**Line 18: Design Snow Load**

Note: Line 18 and 18a are not required for access only projects.

Indicate designated roof or ground design snow load for the site where project is located and indicate whether roof or ground snow.

**Line 18a: Proposition Funding.** Enter the amount of anticipated funding if Proposition 39 funds are, or have been, requested.

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**Line 19: State Agencies Only**

This section only applies to state agencies and does not apply to school districts.

**Customer Account No.:** The Customer Account number is a specific DGS-issued, six-digit numeric and alphanumeric used for billing customers for goods and services provided.

**ABMS Project No.:** Provide Activity Based Management System project number.

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**Line 21: Name of Applicant**

The applicant is the owner or person legally acting for the owner.

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**Line 22: Mailing Address**

If the applicant is different from the school district (named in Line 2) or the architect or engineer in “general responsible charge” (named in Line 21), provide the firm’s mailing address, including the firm’s name and email address, of the applicant named in Line 21.

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**Line 23: Architectural or Structural Engineering Firm**

Provide firm where architect or structural engineer named below works and can receive progress notification letters.

The following individual is in General Responsible Charge of the preparation of plans, specifications, and related documents, and the observation of construction.

Provide the name and CA registration number of the architect or structural engineer in “general responsible charge” of this project. Dual individuals from the same firm may be listed. The individual may delegate responsibility for preparation of plans and observation of construction on lines 24a, 24b, 24c and 24d. They also must delegate responsibility for preparation of plans and observation of construction to the manufacturer’s architect or structural engineer on form *DSA 1-MR: Application for New Manufactured Permanent Modular or Relocatable Buildings* for new construction and placement of permanent modular and relocatable buildings.

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**Line 24:** If portions of the preparation of the plans and specifications and observation of construction were delegated, show name of registered engineer and related information below.

**Note:** Lines 24a, 24b, 24c and 24d are not required for access only projects.

Dual individuals from each firm may be listed.

Individuals’ delegated responsibility for new construction of permanent modular and relocatable buildings must be listed on form DSA 1-MR and the form must be signed, acknowledging acceptance of this delegation.

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**APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS**

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**Line 25: The project involves delegation of responsibility other than reflected in lines 24a–24d above.**

Check box if unusual delegations of responsibility are made. Attach a completed form *DSA 1-DEL: Delegation of Responsibility* for each.

Any change in delegation shall be reported as indicated on the form *DSA 108: Change in Delegation of Responsibility*.

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**Line 26: OTHER FACTORS  
(Check appropriate boxes)**

**Line 26a: Flood Hazard** (Check boxes that apply). Refer to *PR 14-01: Flood Design and Project Submittal Requirements*.

**Line 26b: Geohazard** (Check only one box.)

**Checking first box** verifies that the project does not require a Geohazard Report, as explained in *IR A-4: Geohazard Report Requirements*, current edition. By the signature, the architect or engineer in “general responsible charge” is signing the “Geohazards Statement,” as required in IR A-4, current edition, certifying that the project is not located within any identified “state mandated geologic hazard zone,” an area identified as a geologic hazard in the safety element of the local general plan, or an area where a potential geologic hazard has been identified in a previous Geohazard Report.

**Checking second box** confirms a Geohazard Report is required; submit to California Geologic Survey as explained in IR A-4, current edition.