

## 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:			
Address:			
City:	County:	State:	Zip Code:

PROJECT DESCRIPTION: <i>Describe the building(s) in the space provided below.</i>		
Approx. Total Floor Area (Sq. Ft.):	Design Snow Load:	# of Stories:

SCOPE OF REHABILITATION: <i>Describe the scope of this project in the space provided below.</i>

APPLICANT INFORMATION: <i>Individual acting for owner in legal capacity of agent submitting application for approval.</i>			
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 ASSIGNED
\$ 2000.00				

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

<b>EVALUATION &amp; DESIGN CRITERIA REPORT PREPARED BY:</b> <i>Architect or Engineer in General Responsible Charge.</i>			
Name:			
Firm Name:			
Work Mailing Address:			
City:	County:	State:	Zip Code:
Work Email:		Work Phone :	

<b>DELEGATION INFORMATION:</b> <i>If preparation of portions of Design &amp; Evaluation Report was delegated, fill out the appropriate information below.</i>			
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:	

<b>Submit completed form to the DSA Regional Office with construction oversight authority for the project.</b>			
<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 700 N. Alameda Street, Suite 5-500 Los Angeles, CA 90012	<input type="checkbox"/> DSA SAN DIEGO 10920 Via Frontera Rd., Suite 300 San Diego, CA 92127