

## 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:
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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:	
Submitted By:	Phone #:	
Email:	Number of attached pages: <i>(If none, enter "0")</i>	
For initial submittal, complete Sections 1 through 5, or		
<input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <i>(Firm Name)</i>			
Name:	Email:	License #:	
		Phone #:	
Name:	Email:	License #:	
		Phone #:	
Project Inspector:		DSA 5 Approval Date:	Phone #:
Email:		DSA Certification #:	
In-Plant Inspector:		DSA 5 Approval Date:	Phone #:
Email:		DSA Certification #:	
General Contractor: <i>(Firm Name)</i>			License #:
Name:	Email:	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 <input type="checkbox"/> the District/Owner <input type="checkbox"/>			

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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<b>5. LISTING OF PROJECT COLLABORATORS FOR DSAbOX PERMISSIONS</b>			
<b>Design Professional with delegated responsibility requiring separate folder with Viewer/Uploader permission:</b> <i>(Verification of DSA 1-DEL required.)</i>			
Discipline:		License #:	
Name:	Email:	Phone #:	
Discipline:		License #:	
Name:	Email:	Phone #:	
<b>Design Professional with delegated responsibility for Viewer permission in project folder: (Verification of DSA 1 required.)</b>			
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 #:	
<b>Architect or Structural Engineer for design of relocatables or modular buildings (List each firm if multiple manufacturers.)</b>			
Architect or Structural Engineer: <i>(Firm Name)</i>			
Name:	Email:	License #:	
		Phone #:	
Name:	Email:	License #:	
		Phone #:	
<b>Architect or Structural Engineer for observation of in-plant construction of relocatables or modular buildings (List each firm if multiple manufacturers.)</b>			
Architect or Structural Engineer: <i>(Firm Name)</i>			
Name:	Email:	License #:	
		Phone #:	
Name:	Email:	License #:	
		Phone #:	
<b>Architect or Structural Engineer for observation of site construction of relocatables or modular buildings (List each firm if multiple manufacturers.)</b>			
Architect or Structural Engineer: <i>(Firm Name)</i>			
Name:	Email:	License #:	
		Phone #:	
Name:	Email:	License #:	
		Phone #:	
<b>Architect/Engineer project folder collaborators:</b>		<b>PERMISSION LEVEL</b>	
		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"/>
<b>School District/Owner project folder collaborators:</b> <i>(Includes CM Multi-Prime, Facilities and Program Managers, if applicable.)</i>		<b>PERMISSION LEVEL</b>	
		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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<b>Special Inspectors NOT employed by the Laboratory of Record (LOR):</b> <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 #:		
Name:		Certification # (if applicable):		
Discipline:	Email:	Phone #:		
<b>Request for additional project folder collaborators:</b>			<b>PERMISSION LEVEL</b>	
			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"/>

<b>Submit this form electronically to the DSA Regional Office with construction oversight authority for this project:</b>			
<input type="checkbox"/> DSA Oakland <a href="mailto:Oakfielddocs@dgs.ca.gov">Oakfielddocs@dgs.ca.gov</a>	<input type="checkbox"/> DSA Sacramento <a href="mailto:Sacfielddocs@dgs.ca.gov">Sacfielddocs@dgs.ca.gov</a>	<input type="checkbox"/> DSA Los Angeles <a href="mailto:LAfielddocs@dgs.ca.gov">LAfielddocs@dgs.ca.gov</a>	<input type="checkbox"/> DSA San Diego <a href="mailto:SDfielddocs@dgs.ca.gov">SDfielddocs@dgs.ca.gov</a>