



APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS

Please Print or Type all Information - File in Triplicate

For The: _____
 (Project Name)

State Agency Or School District Or Owner's Agent And Mailing Address: _____

Name Of Superintendent Or Director Of Facilities: _____

Name Of Applicant: _____
 (Acting For The Owner In The Legal Capacity Of Agent Making Application For Approval Of Plans And Specifications) (Please Print)

Mailing Address Of Applicant: _____

Signature Of Applicant: _____ **Date:** _____

Construction Of: _____
 (Names Of Buildings)

Reconstruction / Rehabilitation Of: _____
 (Names Of Buildings)

Relocation Of: _____
 (Names Of Buildings)

Alterations To: _____
 (Names Of Buildings)

Additions To: _____
 (Names Of Buildings)

Project Is In The City Of: _____ **County Of:** _____

Location: _____
 (Street Address & Zip Code)

1. Project Funded By The Office Of Public School Construction? YES NO

OPSC App. No. _____ **Project Tracking Number (PTN):** _____

2. Approximate Total Floor Area (Sq. Ft): _____ **3. Design Snow Load:** _____

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

4. Plans, Specifications And Related Work Were Prepared By:

Architect Or Engineer In General Responsible Charge Reg. No. Telephone No.

Firm Name And Address: _____

5. If Preparation Of Portions Of The Plans And Specifications Was Delegated, Show Name Of The Architect Or Registered Engineer, Firm Name, And Address.

5A. Architect Reg. No. Telephone No.

5B. Structural Engineer Reg. No. Telephone No.

5C. Mechanical Engineer Reg. No. Telephone No.

5D. Electrical Engineer Reg. No. Telephone No.

6. Observations Of Construction, Reconstruction, Rehabilitation, Alteration, Or Addition Will Be Under The General Responsible Charge Of: (Firm Name Not Acceptable)

Name Of Architect Or Registered Engineer Reg. No. Telephone No.

7. If Observation Of Portions Of The Work Is To Be Delegated, Show Name Of Architect Or Registered Engineer So Employed, With Address (Firm Name Is Not Acceptable)

7A. Architect Reg. No. Telephone No.

7B. Structural Engineer Reg. No. Telephone No.

7C. Mechanical Engineer Reg. No. Telephone No.

7D. Electrical Engineer Reg. No. Telephone No.

8. Estimated Cost: _____ 9. AC Fee: _____ 10. SS Fee: _____

Geo-Hazards Statement (For Existing School Sites Only)

I have reviewed the seismic safety element of the local general plan. The project is not within an Alquist-Priolo special studies zone or any area designated as geologically hazardous in the seismic safety element of the local general plan.

Signature: _____ Date: _____
(Architect Or Engineer In General Responsible Charge)

Request For Waiver Of Durability (For Relocatable Buildings Only)

The school district requests waiver of durability requirements for substandard foundations per IR 16-1 and acknowledges that a conditional approval is acceptable.

Signature: _____ Date: _____

- DSA San Francisco Bay Area Region 1515 Clay Street, Suite 1201 Oakland, CA 94612
- DSA Sacramento Region 1225 R Street Sacramento, CA 95814
- DSA Los Angeles Basin Region 311 South Spring Street, # 1301 Los Angeles, CA 90013
- DSA San Diego Region 16680 West Bernardo Drive, San Diego, CA 92127