



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: (If none, enter "0.")	

For initial submittal, complete Sections 1 through 5, or
 Check this box if amending the original or previously submitted 102-IC and enter only the amending information in applicable sections. Note: Additional inspection cards must be requested by submittal of a new 102-IC, with 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 building unique identifiers (numbers, letters or names), as identified on the DSA approved plans: (Do not list non-building site structures here. See DSA Procedure 13-01 for definition.)
<input type="checkbox"/>	c. Check this box if there is scope of work shown on the DSA approved plans or within the DSA project application that is not included in items a. or b. above: (For buildings, list building numbers, letters or names; for site work/non-building site structures, provide brief description below.)

Project Phasing: Will Items indicated above be in future phase(s)? Yes No Number of anticipated phases?

3. LISTING OF PROJECT PARTICIPANTS

List primary collaborators of designated tracks in DSAbbox.

District /Owner:	Contact Name:	
Title:	Email:	Phone #:
Design Professional in General Responsible Charge: (Firm Name.)		License #:
Name:	Email:	Phone #:
Project Inspector:	DSA-5 Approval Date:	Phone #:
Email:	DSA Certification #:	
In-Plant Inspector:	DSA-5 Approval Date:	Phone #:
Email:	DSA Certification #:	
General Contractor: (Firm Name.)		License #:
Name:	Email:	Phone #:
Laboratory of Record:		LEA #:
Engineering Manager		License #:
Name:	Email:	Phone #:
Geotechnical Engineer		License #:
Name:	Email:	Phone #:

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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

5. LISTING OF PROJECT COLLABORATORS FOR DSAbox PERMISSIONS

Design Professional with delegated responsibility requiring separate folder with Viewer/Uploader permission: (Verification of DSA-1.DEL required.)			
Discipline:		Name:	
License#:	Email:	Phone #:	
Discipline:		Name:	
License#:	Email:	Phone #:	
Design Professional with delegated responsibility for Viewer permission in project folder: (Verification of DSA-1 required.)			
Structural Engineer: (Firm name.)			License#:
Name:		Email:	Phone #:
Mechanical Engineer: (Firm name.)			License#:
Name:		Email:	Phone #:
Electrical Engineer: (Firm name.)			License#:
Name:		Email:	Phone #:
Architect/Engineer project folder collaborators:			PERMISSION LEVEL
			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"/>
School District/Owner project folder collaborators: (Includes CM Multi-Prime, Facilities and Program Managers, if applicable.)			PERMISSION LEVEL
			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"/>
Project Inspector project folder collaborators:			PERMISSION LEVEL
			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"/>
Laboratory of Record project folder collaborators:			PERMISSION LEVEL
			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"/>
General Contractor project folder collaborators:			PERMISSION LEVEL
			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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Special Inspectors and/or Geotechnical Engineers NOT employed by the Laboratory of Record (LOR):
(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.)

Name:	Certification #: <i>(If applicable.)</i>	Phone #:
Discipline:	Email:	
Name:	Certification #: <i>(If applicable.)</i>	Phone #:
Discipline:	Email:	
Name:	Certification #: <i>(If applicable.)</i>	Phone #:
Discipline:	Email:	
Name:	Certification #: <i>(If applicable.)</i>	Phone #:
Discipline:	Email:	
Name:	Certification #: <i>(If applicable.)</i>	Phone #:
Discipline:	Email:	

Request for additional project folder collaborators:		PERMISSION LEVEL	
		View	View/Upload
Name:	Phone #:	<input type="checkbox"/>	<input type="checkbox"/>
Folder:	Email:		
Name:	Phone #:	<input type="checkbox"/>	<input type="checkbox"/>
Folder:	Email:		
Name:	Phone #:	<input type="checkbox"/>	<input type="checkbox"/>
Folder:	Email:		
Name:	Phone #:	<input type="checkbox"/>	<input type="checkbox"/>
Folder:	Email:		
Name:	Phone #:	<input type="checkbox"/>	<input type="checkbox"/>
Folder:	Email:		
Name:	Phone #:	<input type="checkbox"/>	<input type="checkbox"/>
Folder:	Email:		
Name:	Phone #:	<input type="checkbox"/>	<input type="checkbox"/>
Folder:	Email:		
Name:	Phone #:	<input type="checkbox"/>	<input type="checkbox"/>
Folder:	Email:		

Submit this form electronically to the DSA Regional Office with construction oversight authority for the project:

<input type="checkbox"/> DSA OAKLAND Oakfielddocs@dgs.ca.gov	<input type="checkbox"/> DSA SACRAMENTO Sacfielddocs@dgs.ca.gov	<input type="checkbox"/> DSA LOS ANGELES LAfielddocs@dgs.ca.gov	<input type="checkbox"/> DSA SAN DIEGO SDfielddocs@dgs.ca.gov
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