



1

APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS

Please Print or Type all Information - or you may fill out on-line and print for signatures **ALL FIELDS MUST BE FILLED IN PER INSTRUCTIONS**

1. **Name of Facility:** Mira Costa High School
2. **School District (or State Agency)** Manhattan Beach Unified School District
Mailing Address: 325 South Peck Avenue
Manhattan Beach, CA 90266
3. **Dist. Superintendent:** Dr. Michael Matthews (310) 546 - 8018 mmatthews@mbusd.org
Name Telephone Email
4. **Facilities Director or appropriate contact:** Paul Ruta (310) 546 - 8018 PRuta@manhattan.k12.ca.us
Name Telephone Email
Title Director of Maintenance & Operation
5. **Construction of:** (Names of New Buildings or improvements) Photovoltaic Canopies
6. **Addition to:** (Names of Buildings or improvements) _____
Past Application Closed with DSA Certification ? ☐ YES / ☐ NO
7. **Relocation of:** (Names of Buildings) _____
Past Application Closed with DSA Certification ? ☐ YES / ☐ NO
8. **General Alterations to:** (Names of Buildings or improvements) _____
Past Application Closed with DSA Certification ? ☐ YES / ☐ NO
9. **Rehabilitation of:** (Names of Buildings) _____
DSA Rehabilitation Pre Application # _____
10. **Reconstruction of:** (Names of Buildings) _____
Past Application Closed with DSA Certification ? ☐ YES / ☐ NO
11. **Special Review requested** ☐ Access ☐ Fire & Life Safety ☐ Structural ☐ OTC review is requested (Form **DSA 145** is attached)
☐ Incremental review has been requested. Attach form **DSA 1-INC**
12. **Project Location:** 1401 Artesia Boulevard
(Street Address)
13. **City:** Manhattan Beach **Zip Code:** 90266 **County of:** Los Angeles
14. **Project Tracking Number (PTN):** 75333-13 **15. Estimated Cost:** 2,600,000
16. **Will project be submitted to the Office of Public School Construction (OPSC) for funding under the School Facility Program?**
YES ☐ NO ☒ (If "NO" skip to line 17)
- 16a. **OPSC Application Number (if known):** _____
17. **Approx. Total Floor Area (Sq. Ft):** 38,500 **18. Design Snow Load:** 0
- 18a. (Prop 39) If project is using Prop 39 funds, enter the amount \$: _____
19. **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 both sides of this application are true and correct.
- Signature of Applicant:** _____ **Date:** Feb 12, 2015
20. **Name of Applicant:** Chris Lockridge **Title:** Project Manager
(Please Print)
21. **Mailing Address:** (If Applicant different from name shown in #2 or #22) _____

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	

APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS

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

(Per Title 24, Part 1, Section 4-316, of the California Code of Regulations)

Dustin Rosepink

dkrpink@4steleng.com

S5885

Print or type name of Architect or Engineer in General Responsible Charge

E-mail Address

CA Reg. No.

23. Firm Name: 4 S.T.E.L. ENGINEERING, INC.

(949) 388 - 9333

Telephone No.

Address: 109 East Escalones

San Clemente, CA 92672

24. The following individual is authorized to act as Alternate to the Architect or Engineer named above:

Printed Name

Signature

CA Reg. No.

Tel.# () -

E-mail Address

25. If portions of the preparation of the Plan and Specifications and observation of construction were delegated, show name of Registered Engineer, and related information below:

25a. Structural Engineer Name:	CA Reg. No.	Tel.# () -
	E-mail	
25b. Mechanical Engineer Name:	CA Reg. No.	Tel.# () -
	E-mail	
25c. Electrical Engineer Name: Brian Dersch	CA Reg. No. E19539	Tel.# (858) 768 - 0867
	E-mail brian@derschdesign.com	
25d. Geotechnical Engineer Name: Mohan Upasani	CA Reg. No. G2301	Tel.# () -
	E-mail	

26. ☐ This project involves delegation of responsibility other than reflected in line 25 above. See instructions

27. OTHER FACTORS- Check appropriate boxes

27a. FLOOD HAZARD (check boxes that apply) For details, see DSA-3 Section D and 3.03V and DSA PR 14-01	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Project is located in a flood hazard area as defined by the adopted local jurisdiction flood hazard map.
	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Project is Alteration/Modernization, Rehabilitation or Reconstruction and value of project is more than 50% of the pre-improvement market value of the structure.
27b. GEOHAZARD (check 1 box only)	<input checked="" type="checkbox"/>	I have verified that this project does not require submittal of a Geohazard Report, per DSA IR A-4.13
	<input type="checkbox"/>	Geohazard report is required and has been submitted to CGS, in accordance with IR A-4.13.
27c. WAIVER OF DURABILITY	<input checked="" type="checkbox"/>	(For Relocatable Buildings Only) The school district requests waiver of durability requirements for substandard foundations per IR 16-1.13 and acknowledges that a conditional approval is acceptable.
27d. WIND LOADING	<input checked="" 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 Kzt=1.0 (ASCE 7-10, Section 26.8)
27e. FIRE HAZARD SEVERITY ZONE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Is this project located in a Wildland-Urban Interface Fire Area per the Local Fire Authority, as described in CBC, Chapter 7A?

28. 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: Feb 12, 2015

(Architect Or Engineer in General Responsible Charge)

For proper use of digital signature, see instructions for line 28

Indicate which Regional Office the Form DSA-1 is being submitted to:

☐ DSA Oakland Region
1515 Clay Street, Suite 1201
Oakland, CA 94612

☐ DSA Sacramento Region
1102 Q Street, Suite 5200
Sacramento, CA 95811-6550

☒ DSA Los Angeles Region
700 N. Alameda St, Suite 5-500
Los Angeles, CA 90012

☐ DSA San Diego Region
10920 Via Frontera Rd, Suite 300
San Diego, CA 92127



Governor
JERRY BROWN
jbr@dgs.gov

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- [Plan Review Fee Calculator](#)
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Plan/Field Review Fee Calculator

Project submitted to DSA

- ☐ before 2/1/2010
- ☐ between 2/1/2010 and 5/31/2013
- ☐ between 6/1/2013 and 11/30/2014
- ☐ on or after 12/1/2014

Project Type:

School(K-12) ▼

Estimated Amt:

2600000

Contracted Amt:

0

Change Order Amt:

0

- ✓ [Access Compliance](#)
- ✓ [Fire & Life Safety](#)
- ✓ [Structural Safety](#)

[Calculate](#)

	Access Compliance	Fire & Life Safety	Structural Safety	Total Due
Filing Fee	\$6,850.00	\$6,200.00	\$15,000.00	\$28,050.00
Additional Fee	\$0.00	\$0.00	\$0.00	\$0.00
Further Fee	\$0.00	\$0.00	\$0.00	\$0.00

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