

DIVISION OF THE STATE ARCHITECT



VERIFIED REPORT

DSA-6 Rev 03/07

File this report at completion of project, when services in connection with the project are terminated, when work stops for more than one month, or when any building of the project is occupied. See instructions on page 2. Refer also to California Code of Regulations, Title 24, Part 1, Sections 4-214 (for essential services buildings) and 4-336 (for schools).

1.	<input checked="" type="checkbox"/> Final - All work complete (entire DSA approved scope is 100% complete)	3.	DSA File No. 38-C3
2. Check all applicable boxes:	<input type="checkbox"/> Work not completed (describe in box 10 below) <input type="checkbox"/> Terminating <input type="checkbox"/> Work Stopped <input type="checkbox"/> Occupied Building(s)		DSA Application No. 1111 64485
4. School District/Owner: Barstow Community College		5. Project Name (School): Barstow College	
6. Scope of Entire Project: Child Care Center			
7. Contract All Number:	8. Final Project (or contract) Cost (Required only if work 100% complete)	9. Total Project Completion (% complete for entire DSA approved scope): 100 %	

10. Describe all non-compliant work and/or work to be completed: (___ additional pages attached):

Project was completed and occupied in 1996. approvals for structural changes and deletion of site work from civil plans were not sent to DSA until 2007. project is now closed with PCO's

11. Total No. of change orders received: 0 Total No. of DSA approved change orders received: 0

12. I know of my own personal knowledge that all construction has, in every material respect, been performed in compliance with the DSA approved documents. I declare under penalty of perjury that I prepared this report and that all statements are true.

Signature: Bess R. Bunting Jr. Print Name: Bi. I R. Bunting Jr. Date: 5-15-07

Serving as: Project Inspector Contractor Other: _____

Business Address: PO Box 610

City: Moreno Valley State: CA Zip: 92556

13. Contractor must complete the following:

I am an authorized official of _____

working in the capacity of _____

with personal knowledge of the work of construction. I have been authorized by said firm or corporation to sign this report.

Submit completed form to the DSA Regional Office where this project was filed:

DSA San Francisco Bay Area Region 1515 Clay Street, Suite 1201 Oakland, CA 94612
 DSA Sacramento Region 1102 Q Street, Suite 5200 Sacramento, CA 95811-6550
 DSA Los Angeles Basin Region 700 N. Alameda Street, Suite 5-500 Los Angeles, CA 90012
 DSA San Diego Region 16680 West Bernardo Drive San Diego, CA 92127