



Both the Contractor and the Inspector must submit a separate copy of this form directly to DSA. 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.

Check all applicable boxes:	<input checked="" type="checkbox"/> Final - Work 100% complete	<input type="checkbox"/> Terminating	DSA File No. 33-38
	<input type="checkbox"/> Work not completed (indicate at "*" below)		DSA Application No. 04-105911
	<input type="checkbox"/> Building(s) _____ occupied	<input type="checkbox"/> Work Stopped	

This report includes all construction work through the date of: 3rd month 9th day 2006 year

School District/Owner Riverside Unified	Project Name (School) University Heights Middle School
Scope of Work 8 Relocatable Classrooms	Contract Amount \$ 403,000.00

INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE	INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE
Site work	100	Fire Alarm System	100
Foundation	100	Fire Sprinklers & Suppression Systems	
Structural Frame		Access, Gates & Fire Flow	
Electrical (including grounding systems)	100	Accessible Parking	
Plumbing		Ramps/Elevators/Lifts	
Mechanical		Accessible Restrooms	
Finishes		Accessibility Signage	100

Total Project Completion (estimate total percentage of completion for projects where work is not complete): 100

*List work to be completed (attach additional pages as necessary): **All work was completed per contract documents**

Total Number of Change Orders at Close of Project: 0

This section to be completed by Project Inspector or Contractor:

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 *Bill R. Bunting Jr.* Print Name **Bill R. Bunting Jr.** Date 8-31-06
 Title **Inspector** (Inspector, Assistant Inspector, Contractor, School District/Owner)

Business Address **PO Box 610**
 City **Moreno Valley** State **CA** Zip **92556**

Contractor or representative of district performing own work must also complete the following:

I am an authorized official of _____ (Contracting Firm, Corporation, or School District performing work)

working in the capacity of _____ (Owner, Partner, President, Vice-president, Superintendent)

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:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> DSA San Francisco Bay Area Region
1515 Clay Street, Suite 1201
Oakland, CA 94612 | <input type="checkbox"/> DSA Sacramento Region
1102 Q Street, Suite 5200
Sacramento, CA 95814 | <input type="checkbox"/> DSA Los Angeles Basin Region
700 N. Alameda Street, Suite 5-500
Los Angeles, CA 90012 | <input checked="" type="checkbox"/> DSA San Diego Region
16680 West Bernardo Drive
San Diego, CA 92127 |
|---|---|--|--|