



Citywide Project Labor Agreement (PLA) Pre-Job Conference Form

In accordance with PLA Article 16, each Contractor is required to conduct a Pre-Job Conference with the Unions not later than ten (10) calendar days prior to commencing work.

General Contractor Information		
Prime Contractor: De La Fuente Construction		
Address: 3025 Beyer Blvd. Suite E-101, San Diego, CA 92154		
Phone: (619) 512-5505		
Email: hjimenez@dlfci.com	Fax: (619)878-2980	
Prime Contractor's License Number: 919666		
PLA Pre Job Conference Meeting Information		
Date & Time: 04/30/2026 @ 9:00 AM		
Location: MS Teams (Online)		
General Contract Information		
Contract Name:	South De Anza Park Improvements	
Project Address:	2688 E Mission Bay Dr. San Diego, CA 92109	
City Contract No:	K-25-2349-DBB-3	Contract Award Amount: \$9,738,938.00
Estimated Start Date:	September 2nd, 2025	Estimated End Date: March 2027
Project Description:	Accessible cast-in-place concrete paving, accessible playground and playground surfacing, comfort station, lighting, basketball courts, planting, irrigation, stormwater, trash enclosure, site furnishings, and other items.	

Jobsite Information	
Site Phone: (619) 679-3491	Email: rservin@dlfci.com
Fax: (619)878-2980	Jobsite Labor Rep: Ruben Servin
Project Manager: Carolina Bernal	Jobsite Safety Rep: Ruben Servin
Job Superintendent: Ruben Servin	Workforce Ordered By: Jorge Juarez
Jobsite Scheduling Information	
Number of Shifts: 1	Start / Stop Times: 6:30am-3:00pm
Pay Day: Friday	Ending Day of Pay Period: Sunday
Jobsite Facilities	
Location(s) of First Aid Facilities: On-Site	
Location(s) of Sanitary Facilities: On-Site	
Location(s) of Drinking Water Facilities: On-Site	
Description of Jobsite Parking: Street Parking	
Name of Selected Hospital: South Coast Medical Clinic	
Hospital Address: 408 W 8th St, National City, CA 91950	
Hospital Phone Number: (619)474-8666	
Heavy Equipment to Be Utilized on Job	By Contractor
Project Craft Workforce Estimate	
Craft	Workforce needed for Project
Sample: Widget Installer	5
Plumber	1

Subcontractor Information – Complete or Attach Subcontractor Listing

Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number:
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number:
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number:
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number:
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number:
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number: