



CITY OF OCEANSIDE

Building Division

300 N Coast Highway

Oceanside, CA 92054

760-435-3950

www.ci.oceanside.ca.us

Request for Building Official Review

Fee: \$164.05/Hour

Job Address/Project Name		Permit Number
Request By (Name)	Affiliation	
Phone No.	Signature	
Issue- Please briefly but thoroughly describe the issue needing review-include code section		
Proposed Solution and Justification:		
Solution Category: <input type="checkbox"/> Complies with Code <input type="checkbox"/> Code Modification (UAC Sec. 106) <input type="checkbox"/> Alternate Material/Method (UAC Sec.105)		
BUILDING DIVISION USE BELOW THIS LINE		
PLAN REVIEW COMMENTS:		
PLAN REVIEWER RECOMMENDATION:		
Plan Reviewer Name	Signature:	Date:
CHIEF BUILDING OFFICIAL		
<input type="checkbox"/> Approved	Fee Amount: _____	Date Fee Paid: _____
<input type="checkbox"/> Denied	Comments: _____	

Signature: _____		Date: _____