



City of Oceanside
Building Division
300 N. Coast Hwy
Oceanside, CA 92054

Request for Building Official Review

Job Address/Project Name		Plan ID No.	Date
Request By (Name)	Affiliation	Phone No.	Signature

Issue – Please briefly but thoroughly describe the issue needing review – include code sections

☐ Additional Sheets Attached

Plan Correction No: (If Applicable)

Plan Correction Date:

Proposed Solution and Justification:

☐ Additional Sheets Attached

Solution Category: ☐ Complies with Code ☐ Code Modification (UAC Sec. 106) ☐ Alternate Material/Method (UAC Sec. 105)

Building Division Use Below This Line

Plan Reviewer Comments:

☐ Additional Sheets Attached

Plan Reviewer Recommendation:

Plan Reviewer Name

Signature

Date

Building Official Finding: ☐ Approved ☐ Approved with Modifications ☐ Denied

Comments:

☐ Additional Sheets Attached

Name

Signature

Date

Request for Building Official Review
Additional Comments – See Reverse Side For Request

Job Address/Project Name

Plan ID No.

Date