City of Oceanside
Building Division
(760) 435-3950

Revision to Approved Plan

Bin #:
RTP: Y N

Job Address: _____ Plan ID No. _____ Date: _____

List the proposed plan changes in the space below. Indicate the sheet number in the left column and, to facilitate plan review, briefly but completely describe the changes. Use more than one line per sheet if necessary, and If more space is needed, use reverse side. If you have a separate list indicating changes by sheet number, you may attach that.

Sheet No.	Description of Changes
☐ Continued On Reverse Side	

Plan revisions should be clearly identified. Standard industry practice for identifying revisions is to "cloud" them and assign a revision number by use of a Δ symbol with the revision number noted inside. If revisions are noted on the approved plans (as opposed to being made on the originals and re-printed) the responsible person must date and sign the revisions.

Please indicate how revisions have been identified:

☐ Clouded ☐ Δ # _____ ☐ Other _____

Contact Person: _____ Phone No. _____

BUILDING DIVISION USE ONLY BELOW THIS LINE

Approval of the following departments/divisions is required for this revision:

○	Planning	☐ **Plan Check Only**		☐ **Approved** ☐ **Denied**	By:		Date:	
○	Fire	☐ **Plan Check Only**		☐ **Approved** ☐ **Denied**	By:		Date:	
○	Engineering	☐ **Plan Check Only**		☐ **Approved** ☐ **Denied**	By:		Date:	
○	Water Utilities	☐ **Plan Check Only**		☐ **Approved** ☐ **Denied**	By:		Date:	

Received By:	Date:

Check No.	Checked By	Date	Issued By	Date	Comments/Fees Due
I					
II					
III					

Revision to Approved Plan - Continued From Reverse Side

Job Address: _____ Plan ID No. _____ Rev.No._____

Sheet No.	Description of Changes