

	<p style="text-align: center;">CITY OF OCEANSIDE</p> <p>Building Division 300 N Coast Highway Oceanside, CA 92054 760-435-3950 www.ci.oceanside.ca.us</p>	<p style="text-align: center;">Codes 2022</p> <p style="text-align: center;">1/1/23-12/31/25 <i>Effective Date</i></p>
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BUILDING CODES BOARD OF APPEALS
Appeal from Final Decision of the Building Official

Instructions to applicant to properly complete an “Appeal from Final Decision of the Building Official.” A final decision may be obtained using the Building Official review form.

A. GENERAL INFORMATION FOR ALL REQUESTS

1. An application for appeal shall be based on a claim that the true intent of the California Building Code or the rules legally adopted thereunder have been incorrectly interpreted, the provisions of the Code do not fully apply or an equivalent or better form of construction is proposed. The Building Codes Board of Appeals (“Appeals Board”) does not have authority to waive requirements of the Code or interpret the administration of the Code.
2. Appeals are limited to the subject matter under the jurisdiction of the Building Division. Any decision by the Appeals Board has no effect on the requirements of any other Division, Department or jurisdiction.
3. Appeals related to policies or procedures of the Building Division should be made to the Development Services Director and not to the Appeals Board.
4. The appellant or authorized agent will be notified by certified mail of the Appeals Board hearing date and time. The deadline for filing an application is 30 days after a final decision was made by the Building Official.
5. Additional information may be required depending on the nature of type of request. The Building Division will contact the appellant if such further information is necessary.
6. Photos, plans, receipts, letters or other evidence submitted with any request will become part of the Appeals Board’s hearing record and **will not** be returned to the appellant. Provide 6 copies of documentation.
7. The appellant or authorized agent **MUST** be present at the scheduled and noticed Appeals Board hearing. Once the hearing has been scheduled and noticed, the Board, at its discretion, may take action on the appeal or continue the case, regardless of whether the appellant or authorized agent is present. IF YOU OR ANY OTHER PERSONS WISH TO SPEAK IN FRONT OF THE APPEALS BOARD, PLEASE COMPLETE AND SUBMIT A NOTICE OF INTENT TO SPEAK FORM BEFORE THE BOARD MEETING.

B. FEES

1. Hourly fees will be charged at the adopted fee schedule rates for a Building Official review and a Fire Department plan review. A deposit for a minimum of 4 hours for Building review and 4 hours for Fire review is required upon submittal of the appeal.
2. Application fees are non-refundable once the appeal has been placed on the Appeals Board’s Agenda.
3. Please make check payable to: The City of Oceanside.



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These instructions serve only to provide the reader with information in preparing an official Building Codes Board of Appeals Request. The request must be submitted on an original white application obtained by visiting the Building Division or requesting one by mail. Any reproductions of the official application document will not be accepted, and will be returned to the applicant. For further information, please contact David Gans, CBO dgans@oceansideca.org

I, the appellant named below, hereby appeal a final decision of the Building Official to the Building Codes Board of Appeals. *(Please attach a copy of the Building Official's final decision that is under appeal here. Please note that City of Oceanside employees are prohibited from giving legal advice, and/or assisting with completion of this form. Please complete this form to the best of your ability, and supply as much information as possible.)*

A. APPELLANT	
THE APPELLANT HEREBY REQUESTS THAT THE BUILDING DIVISION BOARD OF APPEALS TAKE THE FOLLOWING ACTION REGARDING THE FINAL DECISION:	
<input type="checkbox"/> Reverse the final decision <input type="checkbox"/> Modify the final decision	
1. LAST NAME	FIRST MIDDLE TITLE SUFFIX
2. RESIDENTIAL OR BUSINESS ADDRESS (Number, Street, City, State and Zip Code)	
3. MAILING ADDRESS, IF DIFFERENT (Number, Street, City, State and Zip Code)	
4. TELEPHONE NUMBER(S) - (Weekday Daytime) () - () -	5. E-MAIL ADDRESS
6. DATE OF FINAL DECISION BY BUILDING OFFICIAL (mm/dd/yyyy): / /	
7. DATE YOU RECEIVED FINAL DECISION (mm/dd/yyyy): / /	
B. NATURE OF APPEAL	
8. NATURE OF THIS APPEAL (You may check more than one box, if applicable):	
<input type="checkbox"/> The provision(s) of the technical code(s) does/do not apply to this specific case.	
<input type="checkbox"/> An equally good or more desirable form of installation can be employed in this specific case.	
<input type="checkbox"/> The true intent and meaning of the technical code or any of the regulations thereunder has been misconstrued or incorrectly interpreted by the Building Official	
<input type="checkbox"/> The Building Official has denied or revoked a permit.	



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C. LOCATION / SITE

9. LOCATION OF THE BUILDING, STRUCTURE, OR SERVICE SYSTEM THAT IS THE SUBJECT OF THIS APPEAL:

10. YOUR RELATIONSHIP TO THE BUILDING, STRUCTURE, OR SERVICE SYSTEM THAT IS THE SUBJECT OF THIS APPEAL. (Check whichever is applicable):

Owner Contractor Agent Other

11. IF YOU CHECKED "AGENT," PLEASE DESCRIBE THE NATURE OF THE AGENCY AND ATTACH TO THIS DOCUMENT A COPY OF THE AGENT'S AUTHORIZATION TO ACT:

12. IF YOU CHECKED "OTHER," PLEASE DESCRIBE:

13. IF YOU DESIRE FOR THE BUILDING CODES BOARD OF APPEALS TO MODIFY THE BUILDING OFFICIAL'S FINAL DECISION, PLEASE EXPLAIN EXACTLY HOW YOU WOULD LIKE THE FINAL DECISION TO BE MODIFIED:

14. SQUARE FOOTAGE OF BUILDING, STRUCTURE, OR SERVICE SYSTEM (Approximate):

15. HEIGHT OF BUILDING, STRUCTURE, OR SERVICE SYSTEM (In feet and stories):

16. PROPERTY TAX IDENTIFICATION NUMBER:

17. NAME OF ARCHITECT/ENGINEER

18. TELEPHONE NUMBER OF ARCHITECT/ENGINEER

19. BUSINESS ADDRESS OF ARCHITECT/ENGINEER (Number, Street, City, State and Zip Code)



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ACKNOWLEDGEMENT

I, the appellant whose name appears above and whose signature appears below, understand that, prior to a hearing regarding this appeal, the City of Oceanside Building Division may undertake an investigation of this appeal, including an inspection of the building, structure, or service system that is the subject of this appeal, and may request additional information. I agree that I will cooperate with the investigation and provide any additional information requested.

Furthermore, I understand that I will be notified at least ten (10) days prior to the hearing date. I understand the importance of appearing and stating my case in this appeal, and that if I do not appear, my appeal may be denied.

Moreover, I understand that I must pay, in advance, the fee for time spent on this review by Building and Fire staff.

I understand that contact with any Appeals Board member prior to an appeal hearing is not allowed and may cause delays to an appeal process.

Lastly, I understand that, if applicable I must attach six (6) copies of sets of plans and/or specifications on 8 1/2" x 11" or larger paper to this appeal, and that a hearing may not be held until this appeal form is completed and, if applicable six (6) copies of sets of plans or specifications are submitted to the City of Oceanside Building Division.

Appellant Signature

State of California
County of San Diego _____

SWORN and subscribed to freely and voluntarily for the purpose therein expressed before me by _____ who is known by me to be the person described herein, and who executed the foregoing. He/She is personally known to me or has produced _____ (type of identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this ____ day of _____, _____

Notary Public Signature

Notary Public Printed Name
My Commission Expires on: