



City of Hidden Hills

6165 Spring Valley Road * Hidden Hills, California 91302
(818) 888-9281 * Fax (818) 719-0083

Division of Building and Safety

STRUCTURAL OBSERVATION REPORT

DATE OF OBSERVATION: _____

PROJECT NAME: _____

PROJECT ADDRESS: _____

ENGINEER/ARCHITECT OR RECORD: _____

DESIGNATED ENGINEER/ARCHITECT: _____

LICENSE/REGISTRATION NO. _____

DATE OF PRE-CONSTRUCTION MEETING: _____

STRUCTURAL ELEMENTS OBSERVED: _____

LOCATION OF OBSERVED ELEMENTS: _____

DEFICIENCIES OBSERVED: _____

DEFICIENCIES REQUIRING PLAN REVISIONS: _____

DO DEFICIENCIES REQUIRE FOLLOW-UP STRUCTURAL OBSERVATIONS: **YES / NO**

STRUCTURAL ELEMENTS OBSERVED IN GENERAL CONFORMANCE WITH APPROVED PLANS: _____

STAMP AND SIGNATURE OF ENGINEER/ARCHITECT OF RECORDS OR DESIGNATED ENGINEER/ARCHITECT IN THE CIRCLE