

# REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

UNDER AUTHORITY OF L.A.M.C. SECTION 98.0403

<b>PERMIT APP. #:</b>	<b>DATE:</b>	<b>For City Dept. Use Only</b>
<b>JOB ADDRESS:</b>		Building Zoning
<b>Tract:</b>	<b>Block:</b>	Grading Shoring
	<b>Lot:</b>	Mech. Elec. Plumb.
Owner:	Petitioner:	
Address:	Address:	
City State Zip Phone	City State Zip Phone	

<b>REQUEST</b> (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	<b>CODE SECTIONS:</b>

<b>JUSTIFICATION</b> (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

Owner/Petitioner Name (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_ Position \_\_\_\_\_

**FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE**

Concurrences required from the following Department(s)			Approved	Denied
<input type="checkbox"/> Los Angeles Fire Department	Print Name _____	Sign _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Works Bureau of Engineering	Print Name _____	Sign _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Department of City Planning	Print Name _____	Sign _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Department of County Health	Print Name _____	Sign _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	Print Name _____	Sign _____	<input type="checkbox"/>	<input type="checkbox"/>

<b>DEPARTMENT ACTION</b>	<i>Reviewed by: (Staff) (Print)</i> _____	<i>Sign</i> _____	<i>Date</i> _____
<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	<i>Action taken by: (Supervisor) (Print)</i> _____	<i>Sign</i> _____	<i>Date</i> _____

**NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES**

<b>CONDITIONS OF APPROVAL (Continued on Page 2):</b>

<b>For Cashiers Use Only</b> (PROCESS ONLY WHEN FEES ARE VERIFIED)

(DEPARTMENT USE ONLY)			
<b>FEES</b>			
Appeal Processing Fee..(No. of Items) =	1	X \$130 + \$39/addl	= _____
Inspection Fee .....	(No of Insp.) =	X \$ 84.00	= _____
Research Fee ... (Total Hours Worked) =		X \$104.00	= _____
Subtotal.....			= _____
Development Services Center Surcharge	X	3%	= _____
Systems Development Surcharge .....	X	6%	= _____
Total Fees .....			= _____
Fees verified by: _____			
Print and Sign _____			

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

CITY OF LOS ANGELES
BOARD OF BUILDING AND SAFETY/DISABLED ACCESS
COMMISSION APPEAL FORM

(Must be Attached to the Modification Request Form, Page 1)

AFFIDAVIT – LADBS BOARD OF BUILDING AND SAFETY COMMISSIONERS – RESOLUTION NO. 832-93

I, \_\_\_\_\_ do state and swear as follows:
(Print or Type Name of the Person Signing this Form)

- 1. The name and mailing address of the owner of the property (as defined in the resolution 832-93) at \_\_\_\_\_ as shown on the appeal application (LADBS Com 31) are correct, and
2. The owner of the property as shown on the appeal application will be made aware of the appeal and will receive a copy of the appeal.

I declare under PENALTY OF PERJURY that the forgoing is true and correct.

Owner's Name(s) \_\_\_\_\_
(Please Type or Print)

Owner's Signature(s) \_\_\_\_\_ (Two Officers' Signatures Required for Corporations)
(Please Sign)

Name of Corporation \_\_\_\_\_
(Please Print Name of Corporation)

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT-----SIGNATURE(S) MUST BE NOTARIZED

State of CALIFORNIA County of \_\_\_\_\_ on \_\_\_\_\_

before me, \_\_\_\_\_, personally appeared \_\_\_\_\_,
Name, Title of Officer (e.g. Jane Doe, Notary Public) Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument in person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct.

WITNESS my hand and official seal. Signature \_\_\_\_\_

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.

APPEAL OF DEPARTMENT ACTION TO THE BOARD OF BUILDING AND SAFETY
COMMISSIONERS/DISABLED ACCESS APPEALS COMMISSION

Applicant's Name \_\_\_\_\_

Applicant's Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Table with 5 columns: Fee Name, Quantity, Unit, Amount, Total. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Development Services Center Surcharge, Systems Development Surcharge, and Total Fees.

Fees verified by:

Print and Sign \_\_\_\_\_

For Cashiers Use Only
(PROCESS ONLY WHEN FEES ARE VERIFIED)

# Attachment

**Date:**

**Job Address:**

**Conditions of Approval:**

1. The system shall be designed by a professional engineer registered with the State of California.
2. The siphonic roof drainage shall be designed in compliance with ASPE 45 Siphonic Roof Drainage.
3. Only siphonic roof drains listed in compliance with Standard ASME A112.6.9 shall be used.
4. A copy of ASPE 45, 2013 Edition shall be submitted with the plans.
5. A riser diagram (single line diagram) shall be part of the plans. The riser shall show all the pipe sizes and lengths (the riser need not to be scale), pressures, flows, water velocities, the square footage of the areas drained and the node points used in the hydraulic calculations.
6. To avoid cavitation, at no point in the system the pressure shall be less than 13.23 psia, which is of 90% the atmospheric pressure.
7. Horizontal pipes shall be designed for a water velocity not less than 3 feet per second.
8. If a computer program is used, the program shall be made available to the plan check engineer at his/her request for verification.
9. The plan check engineer may ask the engineer of record, or a person appointed by the engineer of record and knowledgeable about the computer program and the siphonic system, and go over the details of the program, the data entry and the interpretation of the program output.
10. This modification does not waive the requirements for secondary roof drainage.
11. In addition to the regular fees based on the number roof drains, an hourly rate as specified in Chapter IX Article 8 Section 98.0415 (e) of the Los Angeles Municipal Code shall be charged for checking these plans.