REQUEST FOR MODIFICATION OF BUILDING ORDINANCES
UNDER AUTHORITY OF L.A.M.C. SECTION 98.0403

PERMIT
APP. #: DATE:

JOB ADDRESS:

Tract: Block:
Lot:

Owner: Petitioner:
Address: Address:
City State Zip Phone City State Zip Phone

REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

To allow an extension of time until _____ in which to obtain a building permit for plans filed for checking on _____ under plan check number

2. To allow the permit to be issued using the 2011 LABC, Current Zoning, Disabled Access Requirements, and LA Green Code Requirements.

JUSTIFICATION (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

Los Angeles Fire Department Print Name Sign

Public Works Bureau of Engineering Print Name Sign

Department of City Planning Print Name Sign

Department of County Health Print Name Sign

Other Print Name Sign

DEPARTMENT ACTION

Reviewed by: (Staff) (Print) Sign Date

Action taken by: (Supervisor) (Print) Sign Date

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

CONDITIONS OF APPROVAL (Continued on Page 2):

1. This extension approval is contingent upon the owner submitting all plans for the proposed work to the Department to recheck and verify its compliance with the current Building, Zoning, Disabled Access (Title 24) and Green Building Code Requirements. An additional plan check fee based on plan

FEES (DEPARTMENT USE ONLY)

Appeal Processing Fee. (No. of Items) = 2 X $130 + $39/addl = 0.00

Inspection Fee ................. (No of Insp.) = X $ 84.00 = 0.00

Research Fee ... (Total Hours Worked) = X $104.00 = 0.00

Subtotal ................................................................. = 0.00

Development Services Center Surcharge X 3% = 0.00

Systems Development Surcharge .......... X 6% = 0.00

Total Fees ............................................................. = 0.00

Fees verified by:

Print and Sign ____________________________

For Cashiers Use Only

(PROCESS ONLY WHEN FEES ARE VERIFIED)
CONDITONS OF APPROVAL (Continued from Page 1)

1. (Cont.) review and correction verification time will be assessed by the Department. The date the plans are resubmitted in compliance with this condition shall be construed as the plan check submittal date for the purpose of determining the applicability of laws, regulations, and ordinances.

2. This extension does NOT extend to the compliance date of any order to comply that any have been issued to this site by LADBS for a code violation.

3. This extension approval is contingent upon the owner re-obtaining required clearances for any expired agencies' approval plus any additional clearances due to new regulations.

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:

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 foregoing is true and correct.

Owner’s Name(s)    ____________________________________________    __________________________________________________

Owner’s Signature(s)  __________________________________________   (Two Officers’ Signatures  Required for Corporations)

Name of Corporation  __________________________________________________    ________________________________________________________

Dated this __________ day of __________________________________________ 20______

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

State of    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

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

Applicant’s Name  Applicant’s Title

Signature  Date

FEES  (DEPARTMENT USE ONLY)

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Fees verified by:

Print and Sign __________________________________________________________