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)
CODE SECTIONS: L.A.M.C 98.0603
To allow an extension of time until in which to obtain a building permit for plans filed for checking
on under plan check number

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

FEES

Appeal Processing Fee.. (No. of Items) = 1 X $130 + $39/addl = 130.00
Inspection Fee .............. (No of Insp.) = X $ 84.00 = 0.00
Research Fee ... (Total Hours Worked) = 2 X $104.00 = 208.00
Subtotal ................................................................. = 338.00
Surcharge (One Stop)................................. X 2% = 6.76
Surcharge (Systems Development)................ X 6% = 20.28
Total Fees ............................................................. = 365.04

Fees verified by: 
Print and Sign ________________________________________________

For Cashiers Use Only
(PROCESS ONLY WHEN FEES ARE VERIFIED)
**CONDITIONS OF APPROVAL (Continued from Page 1)**

1. (Cont.) based on plan review and correction time will be assessed by the Department.

2. The date the plans are resubmitted in compliance with condition 1 above shall be construed as the plan check submittal date for the purpose of determining the applicability of laws, regulations and ordinances which are effective prior to the issuance of the permit.

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

4. 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 forgoing 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**

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<tr>
<th>Description</th>
<th>Fee</th>
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<tr>
<td>Board Fee</td>
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<tr>
<td>Inspection Fee (No of insp.)</td>
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<td>Surcharge (One Stop)</td>
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<td>Surcharge (Systems Development)</td>
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</tr>
<tr>
<td>Total Fees</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

Fees verified by:

Print and Sign

For Cashiers Use Only

(PROCESS ONLY WHEN FEES ARE VERIFIED)

PC-STR.Mod41A (Rev 04-19-13)