**REQUEST FOR MODIFICATION OF BUILDING ORDINANCES**

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

**PERMIT**

**APP. #:**

**DATE:**

**JOB ADDRESS:**

<table>
<thead>
<tr>
<th>Tract:</th>
<th>Block:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner:</th>
<th>Petitioner:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

City  State  Zip  Phone  
|          |          |

REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

**CODE SECTIONS:** L.A.M.C 98.602, 91.106.4.4

To allow an extension of time until

<table>
<thead>
<tr>
<th>PCIS #</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
</table>

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)


Owner/Petitioner Name (Print)  (Signature)  Position

FOR CITY DEPARTMENT’S USE ONLY BELOW THIS LINE

<table>
<thead>
<tr>
<th>Concurrences required from the following Department(s)</th>
<th>Approved</th>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles Fire Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Works Bureau of Engineering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of City Planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of County Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Print Name  Sign  
|          |          |

DEPARTMENT ACTION

<table>
<thead>
<tr>
<th>Reviewed by: (Staff) (print)</th>
<th>Sign</th>
<th>Date</th>
</tr>
</thead>
</table>

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):

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

**FEES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Formula</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal Processing Fee. (No. of Items) = 1</td>
<td>( \times ) $130 + $39/addl</td>
<td>$130.00</td>
</tr>
<tr>
<td>Inspection Fee .............. (No of Insp.) = ( \times ) $84.00</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Research Fee ... (Total Hours Worked) = ( \times ) $104.00</td>
<td></td>
<td>$208.00</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td>$338.00</td>
</tr>
<tr>
<td>Surcharge (One Stop) ( \times ) 2%</td>
<td></td>
<td>$6.76</td>
</tr>
<tr>
<td>Surcharge (Systems Development) ( \times ) 6%</td>
<td></td>
<td>$20.28</td>
</tr>
<tr>
<td>Total Fees</td>
<td></td>
<td>$365.04</td>
</tr>
</tbody>
</table>

Fees verified by:

Print and Sign

For Cashiers Use Only

(Processing only when fees are verified)
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

Signature

Date

FEES

Board Fee ......................... (No. of Items) X $130.00 = 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

Surcharge (One Stop) ......................... X 2% = 0.00

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

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

Fees verified by:

Print and Sign __________________________

For Cashiers Use Only

PROCESS ONLY WHEN FEES ARE VERIFIED
For the Superintendent of Building or his designated agent to approve a request for modification or a request for alternate material or method of construction he must determine that special, individual reasons exist that make compliance with the strict letter of the ordinance impractical and that equivalency is provided for requests applicable to the State Housing Law. The resulting condition must be in conformance with the spirit and purpose of the ordinance involved. The applicant must provide sufficient information with this application to allow the above evaluation to be made.

Appeal from the determination or action of the Superintendent of Building or his designated agency may be made to the Board of Building and Safety Commissioners. To appeal, the appellant must give special individual reasons that make compliance with the strict letter of the ordinance impractical. Appeals pertaining to State Housing Law provisions require complete evidence to substantiate that the proposed design, material, or method of construction is at least equivalent to that prescribed by the Code. State such reasons or evidence on the front of this form or on a separate attachment.

Permit Application Number

Job Address

Conditions Of Approval: (Reasons For Appeal in Case of Denial) - Continued.

1. The proposed work must conform to all pertinent laws, including those that have become operative since the issuance of the original building permit.

2. Plans must be resubmitted to the department for a brief recheck to verify compliance with all current code requirements. The date plans are submitted, for rechecking, shall be construed as the original plan check submittal date when determining the applicability of any code changes, Accessibility (Title 24), ICO’s, or other ordinances which have taken effect, further, the date a supplemental permit for rechecking the plans is issued shall be construed as the original building permit issuance date when determining the applicability of any code changes, ICO’s, or other ordinances which have taken effect.

3. The additional plan check and permit fee will be charged to cover the plan check.

Building Inspection Clearance:

1. Has any construction started on this site? Yes _____ No _____
2. Is there any reason we should not extend this permit? Yes _____ No _____

If YES, please comment:

By ____________________________ Date: ___________________________