

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 94.1201; 94.1217.4; 94.1218.0 |
| Request permission to design and use a high pressure gas piping system. | |
| | |
| | |

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

Gas pressure of _____ is needed/desired for the operation of the equipment.

| | | |
|-------------------------------|-------------|----------|
| 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"/> |

DEPARTMENT ACTION

GRANTED **DENIED**

| | | |
|---------------------------------------|------|------|
| 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):

(See Attached Conditions of Approval on Page 3)

FEES

| | | | |
|--|------|---------------------|-----------------|
| Appeal Processing Fee.. (No. of Items) = | 1 | X \$130 + \$39/addl | = 130.00 |
| Inspection Fee (No of Insp.) = | 0 | 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)

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

(See Attached Conditions of Approval on Page 3)

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 foregoing is true and correct.

Owner's Name(s) _____ (Please Type or Print)

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

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

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

Table with 5 columns: Fee Name, Quantity, Amount, Multiplier, Total. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Surcharges, and Total Fees.

Fees verified by:

Print and Sign _____

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

SUPPLEMENTAL INFORMATION AND/OR SKETCH OF JOB CONDITION

BASIS FOR APPROVAL-INFORMATION

INFORMATION ON PROCEDURE FOR APPEAL FROM
A DETERMINATION OR ACTION BY THE
DEPARTMENT OF BUILDING AND SAFETY

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.

DATE:

JOB ADDRESS:

CONDITIONS OF APPROVAL:

1. The system shall be installed in accordance with approved plans and code requirements for medium pressure gas, except that regulator shut off valves shall be labeled with the proper pressure.
2. The system shall be tested for a length of time satisfactory to the Department at the appropriate pressure shown below:

| Maximum Working Pressure (psig) | Test Pressure (psig) |
|---------------------------------|--------------------------------|
| ----- | ----- |
| 5 to 20 | 60 |
| 21 to 83 | 125 |
| Over 83 | 1.5 X Maximum Working Pressure |

3. Indoor piping shall be in well ventilated areas only.
4. Gas system with gas pressure higher than 5 psig shall not be installed within any residential building.
5. All valves shall be UL or AGA listed for their intended usage.
6. Plans shall be submitted to Mechanical Plan Check for review and approval.
7. This approval does not waive any requirements for electrical equipment and wiring in hazardous (classified) locations, nor does it waive any requirements for pressure vessel permits.