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 obtain a permit to install MC cables and associated outlets for branch circuit wiring in hard lid ceilings and walls where the electrical permit cannot be issued until the required plans have been approved.

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

Plan Check # has been submitted to Electrical Plan Check on for review and approval. The construction schedule requires this portion of the project to be inspected as soon as possible.

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. Plans identical to those submitted to plan check and identify the area to be inspected shall be submitted along with this request for the inspector’s use.

2. The job installation shall be done by the responsible contractor per approved plans.

FEES

(DEPARTMENT USE ONLY)

Appeal Processing Fee. (No. of Items) = 1 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)
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)    ____________________________________________    __________________________________________________
(Please Type or Print) (Please Type or Print)

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

Name of Corporation  __________________________________________________    ________________________________________________________
(Please Print Name of Corporation) (Please Type or Print)

Dated this __________ day of __________________________________________ 20______

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

State of CALIFORNIA  on ______________________________________, before me, ______________________________________, personally appeared ______________________________________, 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

Signature

Date

FEES

(DEPARTMENT USE ONLY)

Board Fee ......................... (No. of Items) 1 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
Development Services Center Surcharge X 3% =               0.00
Systems Development Surcharge ........... X 6% =               0.00
Total Fees .......................................................... =               0.00

Fees verified by:

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