



# REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

<b>PERMIT APP. #:</b>	<b>DATE:</b>
<b>JOB ADDRESS:</b>	
<b>Tract:</b>	<b>Block:</b>
	<b>Lot:</b>
<b>Owner:</b>	<b>Petitioner:</b>
<b>Address:</b>	<b>Address:</b>
City                      State    Zip            Phone	City                      State    Zip            Phone
<b>REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)</b>	<b>CODE SECTIONS: L.A.M.C 98.0603, 98.6065</b>
1. To extend the plan check date from _____ to _____ for plan check # _____	
2. The plan was originally submitted on _____	
3. To allow the permit to be issued using 2008 LAMC.	
<b>JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)</b>	
Owner/Petitioner Name (Print) _____	(Signature) _____ Position _____
<b>FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE</b>	
Concurrences required from the following Department(s)	
<input type="checkbox"/> Los Angeles Fire Department    Print Name _____ Sign _____	Approved    Denied
<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"/>
<b>DEPARTMENT ACTION</b>	
<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	Reviewed by: (Staff) (print) _____ Sign _____ Date _____
	Action taken by: (Supervisor) (print) _____ Sign _____ Date _____
<b>NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES</b>	
<b>CONDITIONS OF APPROVAL (Continued on Page 2):</b>	<b>For Cashiers Use Only</b> (PROCESS ONLY WHEN FEES ARE VERIFIED)
1. The last date to obtain the permit is on _____	
2. Mechanical Plans shall have been approved based on 2008 LAMC and mechanical provision on the _____ Title 24, Part 6.	
<b>FEES</b>	
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 _____	

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 3. All mechanical plan check fees including those required by this approval shall be paid before mechanical permit is issued.
4. Submitted plans shall be designed (or redesigned) and signed by the same original designer. If the project is redesigned by another engineer, the applicant shall submit a new plan check application.
5. This extension does NOT extend compliance date of any Order to Comply that may have been issued to this site by LADBS for code violations.

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) \_\_\_\_\_ (Please Type or Print)

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

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 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**

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, individual 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.

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

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: