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 allow a reduced (front) (side) (rear) yard of ft. in lieu of ft. at proposed addition to an existing dwelling.

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)

- Los Angeles Fire Department
  - Print Name: Sign:
  - Approved: Denied:
- Public Works Bureau of Engineering
  - Print Name: Sign:
  - Approved: Denied:
- Department of City Planning
  - Print Name: Sign:
  - Approved: Denied:
- Department of County Health
  - Print Name: Sign:
  - Approved: Denied:
- Other
  - Print Name: Sign:
  - Approved: Denied:

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 plot play and letters of consent from adjoining properties per information bulletin P/ZC 2002-005 regarding encroachment.

FEES

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

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)   _____________________________________________    _______________________________________________

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

For Cashiers Use Only

PROCESS ONLY WHEN FEES ARE VERIFIED

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