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: Address:

City State Zip Phone City State Zip Phone

REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)
CODE SECTIONS: L.A.M.C. 91.7103

To allow natural ventilation in lieu of the Building Code requirements of Chapter 71 for a garage/storage contracted on a
slab-on-grade with a maximum size of a three car garage and a small storage area with a maximum of 250sq.

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)
The proposed on-grade garage/storage is for using the parking of a maximum of 3 automobiles and storage.

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 ___________

☐ 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

☐ 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):

1. This approval is for a maximum of three-car garage with a
small storage area with a maximum of 250 square feet.

FEES

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

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

Print and Sign ____________________________
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  ______________________________________________ ,

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)