



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 95.504.3			
Request to allow installation of ventless clothes dryer(s).				
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)				
Due to field restriction, it is not feasible to install the required clothes dryer moisture exhaust duct system.				
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Owner/Petitioner Name (Print)</td> <td style="width: 33%; border: none;">(Signature)</td> <td style="width: 33%; border: none;">Position</td> </tr> </table>		Owner/Petitioner Name (Print)	(Signature)	Position
Owner/Petitioner Name (Print)	(Signature)	Position		
FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE				
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"/>		
DEPARTMENT ACTION				
<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	<i>Reviewed by: (Staff) (print)</i> _____ <i>Sign</i> _____ <i>Date</i> _____			
	<i>Action taken by: (Supervisor) (print)</i> _____ <i>Sign</i> _____ <i>Date</i> _____			
NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES				
CONDITIONS OF APPROVAL (Continued on Page 2):	For Cashiers Use Only (PROCESS ONLY WHEN FEES ARE VERIFIED)			
(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.) =	1 X \$ 84.00 =	84.00		
Research Fee ... (Total Hours Worked) =	1 X \$104.00 =	104.00		
Subtotal	=	318.00		
Surcharge (One Stop).....	X 2% =	6.36		
Surcharge (Systems Development).....	X 6% =	19.08		
Total Fees	=	343.44		
Fees verified by:				
Print and Sign _____				

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 ventless clothes dryer shall be listed by an approved agency recognized by the City of Los Angeles.
2. Gas clothes dryer is not allowed. Only an approved electric ventless dryer is accepted.
3. The ventless clothes dryer shall have the feature that removes and disposes moisture and condensate.
4. The owner shall file the maintenance covenant and agreement for installing and maintaining the ventless dryer.
5. A placard shall be displayed on the wall behind the unit stating that the clothes dryer shall be of ventless type.