



**Code Enforcement Bureau Request for Rescission of Fees**

**Note:** The Department has no authority to waive/rescind an appropriately assessed fee. A Department error must be demonstrated for rescission of fees.

**Submittal of this form does not hold nor delay any properly assessed fees, late fees and/or interest on outstanding balances due to the City of Los Angeles.**

**Failure to pay properly issued invoices may also result in a Lien against the property pursuant to provisions of the L.A.M.C. and L.A.A.C. Section 7.35.3 and 7.35.5.**

**NAME OF CLAIMANT** (Print) (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Property Owner: Yes \_\_\_\_\_ No \_\_\_\_\_

If No, have you included a notarized document which allows you to represent the owner? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, are you an attorney representing the property owner? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered 'No' to all the questions above, your request will not be accepted.**

Mailing Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Zip) \_\_\_\_\_

(Area Code)(Phone Number) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Rescission Information**

Job Address: \_\_\_\_\_

LADBS Code Enforcement Case Number: \_\_\_\_\_

**A separate form must be submitted for each invoice. The invoice number in question must be provided.**

Invoice number \_\_\_\_\_ Copy of invoice attached? Yes \_\_\_\_\_ No \_\_\_\_\_

Submit this request form by any of the following methods:

Email to: ladbs.cebfeereview@lacity.org

Fax to: (213) 252-3911

Mail to: LADBS Code Enforcement-Rescission Review

221 N. Figueroa St., 11<sup>th</sup> Floor

Los Angeles, CA 90012

(For questions and/or additional information contact Rebecca Zamorano at (213) 252-3373)

Rescission Information Continued:

State specific fee requested for rescission and Department error supporting the rescission.  
(Attach additional pages if needed)

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List of attached documents submitted as evidence to support your request:

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\_\_\_\_\_

**Note: A Claimant may be required to submit to examination under oath. (Charter Section 63.)**

**I HEREBY CERTIFY THAT THE STATEMENTS MADE ON THIS DOCUMENT ARE TRUE.**

\_\_\_\_\_  
**SIGNATURE AND TITLE OF CLAIMANT**

\_\_\_\_\_  
**DATE:**

**APPEAL PROCEDURES:** There is an appeal procedure established in this City whereby the Department of Building and Safety Commissioners have the authority to hear and determine err or abuse of discretion or request for slight modification of the Code under its jurisdiction when appropriate fees have been paid. Section 98.0403.1 and 98.0403.2 L.A.M.C.

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.

**>>>> FOR DEPARTMENT OF BUILDING AND SAFETY USE ONLY <<<<**

**DEPARTMENT ACTION:**

Granted (Invoice in question rescinded)

Denied Reason for Denial :  No Department Error  Other \_\_\_\_\_

Partial Rescission Granted \_\_\_\_\_

Senior Inspector: (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Principal Inspector: (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_