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. 94.721.1
Request to maintain a private building sewer which crosses lot lines.

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)
A covenant and agreement has been filed with the Office of the County Recorder of Los Angeles to allow the right of access to maintain the sewer.

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 ____________________

DEPARTMENT ACTION

Reviewed by: (Staff) (Print) (Signature) Date
Action taken by: (Supervisor) (Print) (Signature) Date

NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES

CONDITIONS OF APPROVAL (Continued on Page 2):
A Covenant and Agreement shall be filed with the Office of the County Recorder of Los Angeles to allow the right of access to maintain the sewer.

DEPARTMENT USE ONLY

FEES
Appeal Processing Fee. (No. of Items) = 1 X $130 + $39/addl = 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
Development Services Center Surcharge X 3% = 0.00
Systems Development Surcharge ……… X 6% = 0.00
Total Fees …………………………………………………………………………………………….. = 0.00
Fees verified by:
Print and Sign ____________________

For Cashiers Use Only
(PROCESS ONLY WHEN FEES ARE VERIFIED)
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 foregoing 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 CALIFORNIA County of  _______________________  on ________________, 20______, 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.

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.

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  (DEPARTMENT USE ONLY)

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Fee</td>
<td>1</td>
<td>$130.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Inspection Fee</td>
<td>X</td>
<td>$84.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Research Fee........</td>
<td>X</td>
<td>$104.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>Development Services Center Surcharge</td>
<td>X</td>
<td>3%</td>
<td>0.00</td>
</tr>
<tr>
<td>Systems Development Surcharge .......</td>
<td>X</td>
<td>6%</td>
<td>0.00</td>
</tr>
<tr>
<td>Total Fees</td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

Fees verified by:

Print and Sign ________________________________

For Cashiers Use Only

(PROCESS ONLY WHEN FEES ARE VERIFIED)