



# REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

UNDER AUTHORITY OF L.A.M.C. SECTION 98.0403

<b>PERMIT APP. #:</b>	<b>DATE:</b>
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**JOB ADDRESS:**

<b>Tract:</b>	<b>Block:</b>
	<b>Lot:</b>
<b>Owner:</b>	<b>Petitioner:</b>
<b>Address:</b>	<b>Address:</b>
City                      State    Zip              Phone	City                      State    Zip              Phone

<b>REQUEST</b> (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	<b>CODE SECTIONS:</b> N.E.C. 215.2
Permission to apply a demand factor of 0.65 to a group of reefer receptacles and the associated transformer.	

**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)			Approved	Denied
<input type="checkbox"/> Los Angeles Fire Department	Print Name _____ Sign _____		<input type="checkbox"/>	<input type="checkbox"/>
<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**

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. Permission is granted to apply a demand factor of 0.65 to size the transformer and its feeder only. This demand factor shall not apply to the branch circuits.

2. The power distribution transformer shall be periodically maintained and serviced.

All work shall be recorded and done by qualified personnel.

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

**FEES (DEPARTMENT USE ONLY)**

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
<b>Total Fees .....</b>			<b>=</b>	<b>0.00</b>

Fees verified by: \_\_\_\_\_

Print and Sign \_\_\_\_\_

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 3. If frequent tripping of an overcurrent device or abnormal temperature rise is noticed in conductors and transformer, the approval of this variance shall be considered void and the loads connected to the feeder and transformer shall be redesigned and Electrical Plan Check approval shall be obtained.
4. The transformer feeding the reefer outlet distribution board shall be equipped with an audible over temperature alarm, monitoring the fluid and coil temperatures. In case of an over temperature condition, the transformer secondary overcurrent protective device shall be de-energized. This overcurrent device shall not be re-energized until the transformer loading is below its rated capacity.
5. The distribution board feeder shall be constantly monitored with an approved device(s) for its actual demand use. IF the demand reading results in a demand factor greater than 65%, the feeder breaker shall be de-energized. This breaker shall not be re-energized until the feeder demand is at or below 65%.
6. When maintaining liquid field transformers, the replaced fluid shall be of an approved, less or non-flammable liquid of the same or better dielectric strength. If the transformer lacks a cooling circulation pump, the insulating fluid shall have an equal or better temperature index as compared to the original insulating fluid. This transformer shall also comply with LAEC Section 450.28.

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 \_\_\_\_\_

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 \_\_\_\_\_

Table with 5 columns: Fee Name, Quantity, Unit Price, Total Price, and Verified Amount. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Development Services Center Surcharge, Systems Development Surcharge, and Total Fees.

Fees verified by:

Print and Sign \_\_\_\_\_

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