REQUEST FOR MODIFICATION OF BUILDING ORDINANCES
UNDER AUTHORITY OF L.A.M.C. SECTION 98.0403

PERMIT

APP. #: 

DATE: 

For City Dept. Use Only

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)

To allow for the use of an approved epoxy coating, with a listing by ICC or IAPMO, over an existing slab in lieu of the 6-mil Polyethylene vapor retarder under the slab as required by LARC Section R506.2.3.

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

The product has an approved listing from ICC-ES or IAPMO-UES, No. ER/ESR-

The wet thickness and dry thickness of epoxy provides equivalent vapor retardant as a 6-mil polyethylene vapor retarder barrier

DEPARTMENT ACTION

 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):

For Cashiers Use Only

(PROCESS ONLY WHEN FEES ARE VERIFIED)

FEES

(DEPARTMENT USE ONLY)

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal Processing Fee..(No. of Items) =</td>
<td>1</td>
<td>$130 + $39/addr = 130.00</td>
</tr>
<tr>
<td>Inspection Fee ....................................</td>
<td></td>
<td>X $ 84.00   = 0.00</td>
</tr>
<tr>
<td>Research Fee(Total Hours Worked)</td>
<td>1</td>
<td>X $104.00   = 104.00</td>
</tr>
<tr>
<td>Subtotal...........................................</td>
<td></td>
<td>= 234.00</td>
</tr>
<tr>
<td>Development Services Center Surcharge</td>
<td>X 3%</td>
<td>= 7.02</td>
</tr>
<tr>
<td>Systems Development Surcharge....................</td>
<td>X 6%</td>
<td>= 14.04</td>
</tr>
<tr>
<td>Total Fees........................................</td>
<td></td>
<td>= 255.06</td>
</tr>
</tbody>
</table>

Print and Sign _________________________________

For City Dept. Use Only

Building

Print and Sign _________________________________
CITY OF LOS ANGELES
BOARD OF BUILDING AND SAFETY/DISABLED ACCESS
COMMISSION APPEAL FORM

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 CALIFORNIA County of ____________________________________________________________________________________________

before me, __________________________________________, personally appeared __________________________________________

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 ________________________________________________________________

Signature ______________________________________________________________________

Applicant’s Title ________________________________________________________________

Date __________________________________________________________________________

FEES

(DEPARTMENT USE ONLY)

Board Fee ...........................(No. of Items) 1 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

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

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PC-Build.Mod 105 (Rev.12-18-2017)