



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 98.0603, 93.0206(I) |
| 1. To extend the plan check expiration date from _____ to _____ for plan check # _____. The plan check was originally submitted on _____. This is the _____ extension of the plan check expiration date. | |

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. The last date to obtain the permit is on _____
2. This extension does NOT extend the compliance date of any Order to Comply that may have been issued to this site by LADBS for a code violation.

FEEES (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 |
| Total Fees | | | = | 0.00 |

Fees verified by: _____

Print and Sign _____

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

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 3. All Electrical Plan Check fees including those required by this approval shall be paid before an electrical permit is issued.
4. Submitted plans shall be designed (or redesigned) and signed by the same original designer. If the project is redesigned by another engineer, the applicant shall submit a new plan check application.
5. Plans with Electrical Plan Check shall be checked against the new adopted code. Plan review due to the adoption of new code or Change to the plan shall require additional fees. This fee shall be based on plan review and correction verification time assessed by The Department.
6. The date the plans are resubmitted in compliance with condition 5 above shall be construed as the plan check submittal date for purposes of determining the applicability of laws, regulations, and ordinances which are effective prior to issuance of the permit.

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 forgoing 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, Name, Title of Officer (e.g. Jane Doe, Notary Public), 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 Applicant's Title

Signature Date

Table with 5 columns: Fee Name, Quantity, Unit, Rate, Total. Includes 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)