

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

(SEE ATTACHED CONDITIONS OF APPROVAL ON PAGE 3)

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) _____ (Two Officers' Signatures Required for Corporations) (Please Sign)

Name of Corporation _____ (Please Print Name of Corporation) _____ (Please Type or Print)

Dated this _____ day of _____ 20_____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT-----SIGNATURE(S) MUST BE NOTARIZED

State of _____ 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 Total. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Development Services Center Surcharge, Systems Development Surcharge, and Total Fees.

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

Fees verified by:

Print and Sign _____

SUPPLEMENTAL INFORMATION AND/OR SKETCH OF JOB CONDITION

BASIS FOR APPROVAL INFORMATION

For the Superintendent of Building or his designated agent to approve a request for modification or a request for alternate material or method of construction he must determine that special, individual reasons exist that make compliance with the strict letter of the ordinance impractical and that equivalency is provided for requests applicable to the State Housing Law. The resulting condition must be in conformance with the spirit and purpose of the ordinance involved. The applicant must provide sufficient information with this application to allow the above evaluation to be made.

INFORMATION ON PROCEDURE FOR APPEAL FROM
A DETERMINATION OR ACTION BY THE
DEPARTMENT OF BUILDING AND SAFETY

Appeal from the determination or action of the Superintendent of Building or his designated agency may be made to the Board of Building and Safety Commissioners. To appeal, the appellant must give special individual reasons that make compliance with the strict letter of the ordinance impractical. Appeals pertaining to State Housing Law provisions require complete evidence to substantiate that the proposed design, material, or method of construction is at least equivalent to that prescribed by the Code. State such reasons or evidence on the front of this form or on a separate attachment.

Permit Application Number _____

Job Address _____

CONDITIONS OF APPROVAL: (Reasons for Appeal in Case of Denial) – Continued.

1. The proposed work must conform to all pertinent laws, including those that have become operative since the issuance of the original building permit.
2. Plans must be resubmitted to the department for a brief recheck to verify compliance with all current code requirements. The date plans are submitted, for rechecking, shall be construed as the original plan check submittal date when determining the applicability of any code changes, Accessibility (Title 24), ICO's or other ordinances which have taken effect, further, the date a supplemental permit for rechecking the plans is issued shall be construed as the original building permit issuance date when determining the applicability of any code changes, ICO's, or other ordinances which have taken effect.
3. The additional plan check and permit fee will be charged to cover the plan check.

Building Inspection Clearance:

- | | | | |
|----|---|-----------|----------|
| 1. | Has any construction started on this site? | Yes _____ | No _____ |
| 2. | Is there any reason we should not extend this permit? | Yes _____ | No _____ |

If YES, please comment:

By _____ Date _____