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

PERMIT
APP. #:  
DATE:  
For City Dept. Use Only

DISABLED ACCESS SECTION

JOB ADDRESS:

Tract:  
Block:  
Lot:  

Owner:  

Address:  

City  State  Zip  Phone  

Owner:  

Address:  

City  State  Zip  Phone  

REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)  
CODE SECTIONS:

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)

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__________________  Approved  Denied

DEPARTMENT ACTION  

g GRANTED  g 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. Determinations rendered by the Disable Access Unit shall not be construed to waive or modify any requirements contained in the Americans with Disabilities Act (ADA). It is the petitioner’s responsibility to make sure the federal accessibility requirements are complied with.

(DEPARTMENT USE ONLY)

FEES

Appeal Processing Fee ..(No. of Items) =  1  X $130 + $39/addl  =  

Inspection Fee ..............(No of Insps.) =  X $ 84.00  =  

Research Fee ... (Total Hours Worked) =  X $104.00  =  

Subtotal.................................................................  =  

Development Services Center Surcharge  X 3%  =  

Systems Development Surcharge.........  X 6%  =  

Total Fees............................................................  =  

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 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 ____________________________ County of ____________________________

before me, ____________________________________________ on ____________________________

Name, Title of Officer (e.g. Jane Doe, Notary Public) ____________________________

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)

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<th>Fee Description</th>
<th>No. (or Hours)</th>
<th>Rate</th>
<th>Total</th>
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<tr>
<td>Board Fee</td>
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<tr>
<td>Inspection Fee</td>
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</tr>
<tr>
<td>Research Fee (Total Hours Worked)</td>
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<td>$104.00</td>
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</tr>
<tr>
<td>Subtotal</td>
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<td></td>
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<tr>
<td>Development Services Center Surcharge</td>
<td>X</td>
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<tr>
<td>Systems Development Surcharge</td>
<td>X</td>
<td>6%</td>
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<tr>
<td>Total Fees</td>
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</table>

Total Fees: $________

For Cashiers Use Only

(Process Only When Fees Are Verified)

Print and Sign ____________________________________________

www.ladbs.org