



REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

PERMIT APP. #:	DATE:
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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 94.101.5.6; 95.112.2
Request for inspection of a portion of the system prior to the completion of plan check.	

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

Plans have been filed with mechanical plan check. The construction schedule requires that portions of this job be inspected as soon as possible. I understand any subsequent installation changes necessary to comply with the approved plans shall be completed and are the responsibility of the owner/contractor.

Owner/Petitioner Name (Print)	Signature	Position
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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

<input type="checkbox"/> GRANTED <input type="checkbox"/> 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):

(See Attached Conditions of Approval on Page 3)

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
Total Fees			=	0.00

Fees verified by: _____

Print and Sign _____

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)

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, Rate, Total. 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)

SUPPLEMENTAL INFORMATION AND/OR SKETCH OF JOB CONDITION

BASIS FOR APPROVAL-INFORMATION

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

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.

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.

DATE:

JOB ADDRESS:

CONDITIONS OF APPROVAL:

1. Complete plans for the work shall have been submitted to Mechanical Plan Check.
2. Plans identical to those submitted to Mechanical Plan Check shall be submitted to the Plumbing/Mechanical Inspection Section for the inspector's use, identifying the area requiring inspection. This shall be done prior to issuing the "Inspection Prior to Plan Check" permit.
3. The inspection to be done is limited to the area identified on the plan submitted to the Plumbing/Mechanical Inspection Section and noted on the Request for Modification.
4. Any changes necessary to comply with the approved plans shall be made by the responsible contractor.
5. A separate Request for modification shall be obtained for each floor or specific area to be inspected.
6. "Prior to Plan Check" inspections are limited to work that can be inspected during one inspection trip and one re-inspection trip as required by Section 98.0412(c) of the Los Angeles Municipal Code.
7. A fee as noted in Section 98.0412(c) of the Los Angeles Municipal Code plus the issuing fee and applicable surcharges shall be paid prior to any inspection. This requirement is in addition to the permit fees required elsewhere in the Code.
8. A complete permit shall be obtained immediately after approval of the plans.
9. No Temporary Certification of Occupancy shall be issued until the plans are approved, a complete permit obtained, and the work is approved by the Department.