



# REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

<b>PERMIT APP. #:</b>	<b>DATE:</b>																															
<b>JOB ADDRESS:</b>																																
<b>Tract:</b>	<b>Block:</b>																															
	<b>Lot:</b>																															
<b>Owner:</b>	<b>Petitioner:</b>																															
<b>Address:</b>	<b>Address:</b>																															
City                      State    Zip            Phone	City                      State    Zip            Phone																															
<b>REQUEST</b> (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	<b>CODE SECTIONS:</b> L.A.B.C. 7103																															
For lots in Methane Buffer Zone: to allow on-grade-additions between 750 sf & 1,000 sf for single-family-dwellings & their accessory buildings, or on grade addition between 500 sf & 750 sf for all other buildings to use Methane Hazard Mitigation Standard Plan (MHMSP): Simplified Method for Small Additions (IB P/BC 2011-102) in lieu of methane mitigation requirements of Chapter 71 of LABC.																																
<b>JUSTIFICATION</b> (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)																																
The proposed addition is in compliance with an equivalent methane mitigation system as stated in 91.7104.2 and the proposed addition is in the compliance with all conditions of approval as stated in this form.																																
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<b>FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE</b>																																
Concurrences required from the following Department(s)																																
<input type="checkbox"/> Los Angeles Fire Department      Print Name _____ Sign _____	Approved	Denied																														
<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"/>																														
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	_____	_____	_____																													
<b>NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES</b>																																
<b>CONDITIONS OF APPROVAL (Continued on Page 2):</b>		<b>For Cashiers Use Only</b> <small>(PROCESS ONLY WHEN FEES ARE VERIFIED)</small>																														
1. Install 6 mil. Visquene sheet placed below the floor slab																																
2. Install 2" thick Gravel layer below the Visquene.																																
<table style="width: 100%; border: none;"> <tr> <td colspan="3" style="text-align: center;"><b>FEES (DEPARTMENT USE ONLY)</b></td> </tr> <tr> <td>Appeal Processing Fee.. (No. of Items) =</td> <td>1 X \$130 + \$39/addl</td> <td style="text-align: right;">= 0.00</td> </tr> <tr> <td>Inspection Fee .....</td> <td>(No of Insp.) = X \$ 84.00</td> <td style="text-align: right;">= 0.00</td> </tr> <tr> <td>Research Fee ... (Total Hours Worked) =</td> <td>X \$104.00</td> <td style="text-align: right;">= 0.00</td> </tr> <tr> <td>Subtotal.....</td> <td></td> <td style="text-align: right;">= 0.00</td> </tr> <tr> <td>Development Services Center Surcharge</td> <td>X 3%</td> <td style="text-align: right;">= 0.00</td> </tr> <tr> <td>Systems Development Surcharge.....</td> <td>X 6%</td> <td style="text-align: right;">= 0.00</td> </tr> <tr> <td>Total Fees.....</td> <td></td> <td style="text-align: right;">= 0.00</td> </tr> <tr> <td colspan="3">Fees verified by:</td> </tr> <tr> <td colspan="3">Print and Sign _____</td> </tr> </table>			<b>FEES (DEPARTMENT USE ONLY)</b>			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 _____		
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Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 3. Install one 4" diameter Perforated Horizontal Vent Pipe placed below Gravel Layer.
4. Install two 2" diameter Vent Risers placed vertically in the building walls are connected to the two ends of the Perforated Horizontal Vent Pipe.
5. Conduit and Cable Seal Fittings installed in conduits penetrating the floor of the addition, and
6. Comply with Simplified Method "C" of LADBS Information Bulletin P/BC 2008-102 titled: "Hazard Mitigation Standard Plant. Simplified Method For Small Additions."

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 \_\_\_\_\_ 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, Amount, 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)