



# 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.M.C. 91.7011.3
To allow the temporary stockpiling of soil onsite for a period of (six months) (            ) (month/year).	
<b>JUSTIFICATION</b> (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	
Owner/Petitioner Name (Print) _____	Signature _____
	Position _____
<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 <input type="checkbox"/> Denied <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"/>
<b>DEPARTMENT ACTION</b>	
<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	Reviewed by: (Staff) (Print) _____ Sign _____ Date _____
	Action taken by: (Supervisor) (Print) _____ Sign _____ Date _____
<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>	
A. Comply with all the circled items on Sheet 3.	
<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 _____	

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

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

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(s) of Signer(s)

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. \_\_\_\_\_ 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)

**SUPPLEMENTAL CONDITIONS/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.

Permit Application Number

Job Address

CONDITIONS OF APPROVAL FOR TEMPORARY STOCKPILE

1. A temporary stockpile permit shall be obtained.
2. The fill Surface shall be surface-rolled to control dust.
3. Erosion control measures shall be provided to the satisfaction of the district grading inspector and Public Works during the rainy season, and shall be constructed/placed to inhibit the transportation of any loose material into the public storm drain system.
4. The fill shall be located a minimum of \_\_\_\_\_ ft. from the property lines, shall not exceed \_\_\_\_\_ ft. in height, and shall have slopes no steeper than (two) (three) to one.
5. This approval shall be limited to (one year) (six months). All stockpile fill, loose fill, and debris shall be removed from the site at the end of the approved time period.
6. Plans for the temporary stockpile site shall be submitted to and approved by the Grading Division prior to obtaining a stockpile permit.