

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 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, 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 FLOOR TROUGHS

1. Obtain a Plumbing Permit for the installation of the floor trough.
2. Floor troughs shall not be less than four (4) inches in width and shall maintain a minimum of 1% slope to an approved floor drain located in the bottom of the trough.
3. Walls and bottom of trough shall be at least four (4) inches thick Class "C" concrete. Sides and bottom shall be reinforced with #3 longitudinal steel reinforcing bars placed at mid-thickness of the concrete, and not less than one bar for each side placed not less than three (3) inches nor more than six (6) inches from top and sides with an additional bar for each two (2) feet of depth of trench.

The bottom shall be reinforced with not less than one #3 longitudinal steel reinforcing bar placed at center of bottom with an additional bar for each two (2) feet of width of bottom.

Minimum #2 bar U-Stirrups shall be placed not less than three (3) feet center to center.

In lieu of the above, reinforcing may consist of cold-drawn welded steel reinforcing fabric 6" x 6" x #10 x #10 placed mid-thickness of concrete. Structural design and approval shall be provided at locations where structural integrity may be compromised.

4. Troughs shall be troweled smooth with cement plaster having a waterproof additive.
5. Changes in direction of the trough shall be accomplished by the use of long radius design.
6. The junction between the trough walls and bottom shall be rounded with a cove of at least three-eighths (3/8) inch radius.
7. No trough shall be placed under any fixed equipment unless the bottom of such equipment is at least 12 inches above the floor surface.
8. Trough drains being discharged to the sanitary system shall be properly trapped and vented.
9. Troughs shall be covered with solid metal covers or grating, and when subject to vehicular traffic shall be provided with traffic rated grating.
10. An approved floor drain shall be properly installed at the bottom of the trough.