

REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

PERMIT APP. #:		DATE:	
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: LAMC 91.11B-202.4exc.8	
To allow an "Unreasonable hardship" determination to be made from compliance with entrance, path of travel, sanitary facility, drinking fountain, and public telephone accessibility upgrades for the remodel project under building permit #			
Issued on			
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)			
The valuation of the remodel project does not exceed the valuation threshold of \$ _____ and it would cause an "unreasonable hardship" for full compliance outside of the area of remodel.			
Owner/Petitioner Name (Print) _____ (Signature) _____ Position _____			
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):		For Cashiers Use Only <i>(PROCESS ONLY WHEN FEES ARE VERIFIED)</i>	
1. Determination rendered by the Disabled Access Unit shall not be construed to waive or modify any requirements contained in the Americans with Disabilities Act (ADA). It is petitioner's responsibility to make sure the federal accessibility requirements are complied with.			
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)

2. See attached "unreasonable hardship" findings and list of accessibility features that will be provided outside of the area of remodel which amount to at LEAST 20% of the building permit valuation.

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 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, 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)