



# REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

<b>PERMIT APP. #:</b>	<b>DATE:</b>	<b>For City Dept. Use Only</b>
<b>JOB ADDRESS:</b>		
<b>Tract:</b>	<b>Block:</b>	<b>Electrical</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 98.0603, 93.0206(I)
1. To extend the plan check expiration date from _____ to _____ for plan check # _____. The plan check was originally submitted on _____ This is the _____ extension of the plan check expiration date.	
2. To allow the permit to be issued using the 2014 L.A.E.C.	
3. To allow the permit to be issued using _____ Title 24, Part 6 Energy Regulation.	

**JUSTIFICATION** (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

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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**

GRANTED     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):**

1. The last date to obtain the permit is on \_\_\_\_\_.

2. Electrical Plans shall be approved based on the 2014 LAEC and the electrical provision of the \_\_\_\_\_ Title 24, Part 6 State of California Energy Regulations.

**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	=	_____
Inspection Fee .....(No of Insp.) =		X \$ 84.00	=	_____
Research Fee ... (Total Hours Worked) =		X \$104.00	=	_____
Subtotal .....			=	_____
Development Services Center Surcharge	X	3%	=	_____
Systems Development Surcharge .....	X	6%	=	_____
Total Fees .....			=	_____

Fees verified by: \_\_\_\_\_

Print and Sign \_\_\_\_\_

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 3. All Electrical Plan Check fees including those required by this approval shall be paid before an electrical permit is issued.
4. Submitted plans shall be designed (or redesigned) and signed by the same original designer. If the project is redesigned by another engineer, the applicant shall submit a new plan check application.
5. This extension does NOT extend the compliance date of any Order to Comply that may have been issued to this site by LADBS for a code violation.

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, Amount, Total. Includes rows for Board Fee, Inspection Fee, Research Fee, Subtotal, Development Services Center Surcharge, Systems Development Surcharge, Total Fees, and Fees verified by.

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