



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: L.A.M.C 91.104.2.6, 98.0501
To allow the use of _____	epoxy manufactured
By _____	for epoxy injection of cracks up
To _____ in width.	
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	
Owner/Petitioner Name (Print) _____	(Signature) _____
	Position _____
FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE	
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"/>
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 (PROCESS ONLY WHEN FEES ARE VERIFIED)
See Sheet 3 for Conditions of Approval. Conditions that are crossed out on the attached sheet will not be applicable to this approval.	
FEES	
Appeal Processing Fee.. (No. of Items) = X \$130 + \$39/addl = _____	
Inspection Fee (No of Insp.) = X \$ 84.00 = _____	
Research Fee ... (Total Hours Worked) = X \$104.00 = _____	
Subtotal = _____	
Surcharge (One Stop)..... X 2% = _____	
Surcharge (Systems Development)..... X 6% = _____	
Total Fees = _____	
Fees verified by: _____	
Print and Sign _____	

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

See Page 3 for Conditions.

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 foregoing 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

APPEAL OF DEPARTMENT ACTION TO THE BOARD OF BUILDING AND SAFETY COMMISSIONERS/DISABLED ACCESS APPEALS COMMISSION

Applicant's Name _____ Applicant's Title _____

Signature _____ Date _____

FEES

Table with 4 columns: Fee Name, Quantity, Amount, Total. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Surcharges, and 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.

Permit Application Number

Job Address

CONDITIONS OF APPROVAL FOR USE OF EPOXY INJECTION

1. A Deputy Concrete or Masonry Inspector shall be employed during all phases of the repair process.
2. All work shall be performed in accordance with the epoxy manufacturer's recommendations.
3. Use of epoxy injection for cracks exceeding 1/8 inch in fire rated elements requires that the epoxy be protected by fireproofing materials that provide the required fire rating of the element being repaired.
4. Core tests shall be taken in accordance with procedures of ASTM C42. Cores shall be visually inspected to verify a minimum of 90% penetration of epoxy into the cracked sections. Cores shall be tested for compression capacity to verify that the repaired cores have roughly the same compressive strength as the undamaged portions of the element being repaired. Cores shall be taken, as a minimum, at the rate of 3 cores per the first 100 feet of crack repair, and at a rate of 1 for each 500 additional length of crack repair. A minimum 3 tests shall be taken for each job. A minimum of 3 cores per day will be required.
5. Copies of the Approval for Alternate Materials, these conditions, and the manufacturer's recommendations shall be on the jobsite during all repair operations.
6. If the cores taken show that the required penetration or compressive strengths have not been achieved, additional cores shall be taken at the same ratio indicated in tem 4. These additional cores shall be taken at locations selected by the deputy inspector and as agreed upon by the LADBS inspector.
7. Epoxy injection shall not be used to repair cracks in any elements where the process of obtaining cores with the required height to diameter ratios needed for compression tests would damage the elements.
8. Core locations shall be repaired with materials having the same compressive strengths and modulus of elasticity of the elements being repaired by pressure injections.
9. Epoxy injections for columns to be on a case-by-case basis.