



REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

PERMIT APP. #:	DATE:
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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 98.0603, 93.0206(I)
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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 2011 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)

Owner/Petitioner Name (Print)	Signature	Position
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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):

1. The last date to obtain the permit is on _____.	
2. Electrical Plans shall be approved based on the 2011 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) =	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 Price, Total Price, and Verification. Rows include 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)