



# REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

<b>PERMIT APP. #:</b>	<b>DATE:</b>													
<b>JOB ADDRESS:</b>														
<b>Tract:</b>	<b>Block:</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 (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)</b>	<b>CODE SECTIONS: L.A.M.C. 94.2010.0</b>													
Request to install all the floor control valves in one location rather than on the floor that they serve.														
<b>JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)</b>														
It is a better design to install all the floor control valves in the same place due to the architectural features of this building. Each valve will be clearly labeled with a sign indicating the floor controlled by the valve.														
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; font-size: small;">Owner/Petitioner Name (Print)</td> <td style="border: none; font-size: small;">(Signature)</td> <td style="border: none; font-size: small;">Position</td> </tr> </table>		_____	_____	_____	Owner/Petitioner Name (Print)	(Signature)	Position							
_____	_____	_____												
Owner/Petitioner Name (Print)	(Signature)	Position												
<b>FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE</b>														
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"/>												
<b>DEPARTMENT ACTION</b>														
<input type="checkbox"/> <b>GRANTED</b> <input type="checkbox"/> <b>DENIED</b>														
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; font-size: small;">Reviewed by: (Staff) (print)</td> <td style="border: none; font-size: small;">Sign</td> <td style="border: none; font-size: small;">Date</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; font-size: small;">Action taken by: (Supervisor) (print)</td> <td style="border: none; font-size: small;">Sign</td> <td style="border: none; font-size: small;">Date</td> </tr> </table>			_____	_____	_____	Reviewed by: (Staff) (print)	Sign	Date	_____	_____	_____	Action taken by: (Supervisor) (print)	Sign	Date
_____	_____	_____												
Reviewed by: (Staff) (print)	Sign	Date												
_____	_____	_____												
Action taken by: (Supervisor) (print)	Sign	Date												
<b>NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES</b>														
<b>CONDITIONS OF APPROVAL (Continued on Page 2):</b>	<b>For Cashiers Use Only</b> <i>(PROCESS ONLY WHEN FEES ARE VERIFIED)</i>													
1. There shall be a separate valve to control each floor.														
2. Each floor control valve shall have a sign posted indicating that the floor is being controlled by the valve.														
<b>FEES</b>														
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)

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, and 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)