

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
REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)		CODE SECTIONS: L.A.B.C. 7103	
For lots in Methane Zone: to allow on-grade-additions between 500 sf & 1,000 sf for single-family-dwellings & their accessory buildings, or on-grade-addition between 100 sf & 750 sf for all other buildings to use MHMSP: Simplified Method For Small Additions (P/BC 2011-102) in lieu of methane mitigation requirements of Chapter 71 of LABC.			
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)			
The proposed addition is in compliance with an equivalent methane mitigation system as stated in 91.7104.2 and the proposed addition is in the compliance with all conditions of approval as stated in this form.			
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 _____	<div style="display: flex; justify-content: space-between;"> <div>Approved <input type="checkbox"/></div> <div>Denied <input type="checkbox"/></div> </div>
<input type="checkbox"/> Public Works Bureau of Engineering	Print Name _____	Sign _____	<div style="display: flex; justify-content: space-between;"> <div>Approved <input type="checkbox"/></div> <div>Denied <input type="checkbox"/></div> </div>
<input type="checkbox"/> Department of City Planning	Print Name _____	Sign _____	<div style="display: flex; justify-content: space-between;"> <div>Approved <input type="checkbox"/></div> <div>Denied <input type="checkbox"/></div> </div>
<input type="checkbox"/> Department of County Health	Print Name _____	Sign _____	<div style="display: flex; justify-content: space-between;"> <div>Approved <input type="checkbox"/></div> <div>Denied <input type="checkbox"/></div> </div>
<input type="checkbox"/> Other _____	Print Name _____	Sign _____	<div style="display: flex; justify-content: space-between;"> <div>Approved <input type="checkbox"/></div> <div>Denied <input type="checkbox"/></div> </div>
DEPARTMENT ACTION			
<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED		<div style="display: flex; justify-content: space-between;"> <div><i>Reviewed by: (Staff) (print)</i></div> <div><i>Sign</i></div> <div><i>Date</i></div> </div>	
		<div style="display: flex; justify-content: space-between;"> <div><i>Action taken by: (Supervisor) (print)</i></div> <div><i>Sign</i></div> <div><i>Date</i></div> </div>	
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. Install 6 mil. Visquene sheet placed below the floor slab			
2. Install 2" thick Gravel Layer below the Visquene			
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)

3. Install one 4" diameter Perforated Horizontal Vent Pipe placed below Gravel Layer
4. Install two 2" diameter Vent Risers placed vertically in the building walls are connected to the two ends of the Perforated Horizontal Vent Pipe
5. Conduit and Cable Seal Fittings installed in conduits penetrating the floor of the addition, and
6. Comply with Simplified Method "C" of LADBS Information Bulletin P/BC 2008-102 titled: "Hazard Mitigation Standard Plant: Simplified Method For Small Additions."

**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) (Please Type or Print)

Owner's Signature(s) _____ (Two Officers' Signatures Required for Corporations)
(Please Sign)

Name of Corporation _____
(Please Print Name of Corporation) (Please Type or Print)

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

Board Fee	(No. of Items)	X	\$130.00	=	_____
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 _____

For Cashiers Use Only

(PROCESS ONLY WHEN FEES ARE VERIFIED)