

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	
o allow the use of Polymer/Latex Modified		
Cementitous mortars manufactured by	for patching of spalled areas.	
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSAR	·	
1. Product is recommended for one-time approval by Researc		
Application of product material will follow Department's guid	iennes.	
Owner/Petitioner Name (Print) (Signature)	Position	
Concurrences required from the following Department(s)		Denied
Los Angeles Fire Department Print Name		
Public Works Bureau of Engineering Print Name		
Department of City Planning Print Name	Sign	
Department of County Health Print Name	Sign	
Other Print Name	Sign	
DEPARTMENT ACTION	Sign Date	e
Action taken by: (Supervisor) (p	orint) Sign Date	e
	OF THIS FORM FOR APPEAL PROCEDURES	
CONDITIONS OF APPROVAL (Continued on Page	For Cashiers Use Only	
1. All work shall be in accordance with the manufacturer's reco		
		ED)
2 Continuous Inspection by a City of Los Angeles approved o		ED)
2. Continuous Inspection by a City of Los Angeles approved c Masopry Deputy Inspector shall be provided during all phase	concrete or	ED)
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Masonry Deputy Inspector shall be provided during all phas	concrete or	ED)
Masonry Deputy Inspector shall be provided during all phas FEES	concrete or ses of the repair.	ED)
Masonry Deputy Inspector shall be provided during all phas FEES Appeal Processing Fee (No. of Items) = X \$130 + \$39/addl	es of the repair.	ED)
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Masonry Deputy Inspector shall be provided during all phase 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	<pre>concrete or ses of the repair. = =</pre>	ED)
Masonry Deputy Inspector shall be provided during all phase 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	<pre>concrete or ses of the repair. =</pre>	ED)
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Masonry Deputy Inspector shall be provided during all phase FEES Appeal Processing Fee (No. of Items) = Inspection Fee (No of Insp.) = X \$ 84.00 Research Fee (Total Hours Worked) = Surcharge (One Stop) X 2% Surcharge (Systems Development) X 6%	<pre>concrete or ses of the repair.</pre>	ED)

Permit App #:

Job Address:

	VAL (Continued from Page 1)	
3. The compressive strength of the repair mortar shall be equal or greater than the compressive strength of the material being repaired.		
4. The modulus of elasticity of the repair mortar shall be roughly equal to the modulus of elasticity of the material being repaired.		
5. Areas to the repaired shall be moistened prior to application of t		
Copies of the approval for Alternate Materials, these conditions, there all each approval for Alternate Materials.	, and the manufacturer's recommendations shall be on the jobsite	
during all repair operations.		
	aces to be repaired shall be closely observed by the deputy inspector. If	
	area all work shall stop and an alternate method shall be used that will	
not create additional distress to the repair area.		
CITY OF LO	OS ANGELES	
	SAFETY/DISABLED ACCESS	
COMMISSION APPEAL FORM		
(Must be Attached to the Modification Request Form, Page 1)		
AFFIDAVIT – LADBS BOARD OF BUILDING AND SAF	ETY COMMISSIONERS – RESOLUTION NO. 832-93	
I, do state and swear as follows:		
 (Print or Type Name of the Person Signing this Form) 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 		
 The owner of the property as shown on the appeal application will be 	e 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)	(I wo Officers' Signatures Required for Corporations)	
Name of Corporation(Please Print Name of Corporation)	(Please Type or Print)	
Dated this day of	20	
	20	
CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENTSIGNATURE(S) MUST BE NOTARIZED		
	on	
before me,, persona Name, Title of Officer (e.g. Jane Doe, Notary Public)	Ily appeared, Name(s) of Signer(s)	
Marine, The of Onicer (e.g. Jane Doe, Notary Public)	ivanie(s) or Signer(s)	
who proved to me on the basis of satisfactory evidence to be the person(s) who		
subscribed to the within instrument and acknowledged to me that he/she/they e in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on		
person(s), or the entity upon behalf of which the person(s) acted, executed the		
certify under PENALTY OF PERJURY under the laws of the State of California		
foregoing is true and correct.		
WITNESS my hand and official seal.	Signature	
	D ACCESS APPEALS COMMISSION	
Applicant's Name	Applicant's Title	
Applicants Indine	Applicant's Tille	
Signatura	Dete	
Signature	Date	
FEES	For Cashiers Use Only (PROCESS ONLY WHEN FEES ARE VERIFIED)	
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