



www.ladbs.org

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (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 be repaired shall be moistened prior to application of the patching mortar and shall be free of standing water.
6. Copies of the approval for Alternate Materials, these conditions, and the manufacturer's recommendations shall be on the jobsite during all repair operations.
7. Use of impact tools or other methods for preparation of the surfaces to be repaired shall be closely observed by the deputy inspector. If the method of work causes any additional damage to the repair area all work shall stop and an alternate method shall be used that will not create additional distress to the repair area.

**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)