

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 2. This approval is subject to obtaining the City of LA Mechanical Test Lab's approval.
3. Any changes (including replacing all of the equipment), if necessary to comply with the City of Los Angeles Mechanical Test Lab approval, shall be made to this installation at no cost to the City prior to final acceptance.
4. All of the above conditions shall be complied with before the issuance of the Certificate of Occupancy.
5. Inspection Bureau shall be notified by the Mechanical Test Lab if the approval is not completed.

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, Name, Title of Officer (e.g. Jane Doe, Notary Public), personally appeared 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, Amount, Status (X), and Total. Rows include Board Fee (\$130.00), Inspection Fee (\$84.00), Research Fee (\$104.00), Subtotal, Surcharge (One Stop) (2%), Surcharge (Systems Development) (6%), and Total Fees.

Fees verified by:

Print and Sign

For Cashiers Use Only (PROCESS ONLY WHEN FEES ARE VERIFIED)