

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. 98.501;98.5	502	
Request to install			
Made by			
Mode			
Prior to the approval of the City of Los Angeles Testing Labora	atory.		
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSAR	Y)		
This product has been submitted for evaluation and approval	to the City of Los Angeles Mechanical Tes	ting Laboratory	
under file number	•		
We will make any changes (including replacing all the equipm		nmendations of the	
City of Los Angeles Mechanical Testing Laboratory at no cost	of the City.		
Owner/Petitioner Name (Print) (Signature)	Position		
FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE			
Concurrences required from the following Department(s)		Approved Denied	
Los Angeles Fire Department Print Name	Sign	л, ррготоц — Боллоц — П	
_			
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 Reviewed by: (Staff) (print)	Sign	Date	
GRANTED DENIED	g		
Action taken by: (Supervisor) (p	nind) Oinn	Date	
		24.0	
NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES			
CONDITIONS OF APPROVAL (Continued on Page	ge 2): For Cashiers (PROCESS ONLY WHEN F		
1. The equipment shall be currently submitted for approval to			
the City of Los Angeles Mechanical Testing Laboratory.			
(Continued on Page 2)			
FFFE			
FEES			
Appeal Processing Fee (No. of Items) = $\chi $130 + $39/addl$			
	=		
	= =		
	=		
-	=		
	=		
Fees verified by:			
Print and Sign			

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.		

Job Address:

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 AN	D SAFETY COMMISSION	IERS – 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 proper the appeal application (LADBS Com 31) are correct, and		3) at as shown on	
2. The owner of the property as shown on the appeal applica	ion will be made aware of the appea	al 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			
		Please Type or Print	
Owner's Signature(s)	(Two Officers'	_ (Two Officers' Signatures Required for Corporations)	
Name of Corporation(Please Print Name of Corporation)		(Please Type or Print)	
Dated this day of	20		
CALIFORNIA ALL-PURPOSE ACKNOWLEDGEME			
		on	
		<u> </u>	
before me,, Name, Title of Officer (e.g. Jane Doe, Notary Public)		Name(s) of Signer(s)	
certify under PENALTY OF PERJURY under the laws of the Stat foregoing is true and correct. WITNESS my hand and official seal.	of California that the Signatu	ıre	
APPEAL OF DEPARTMENT AC	<u> </u>		
	ABLED ACCESS APPEA		
Applicant's Name	Ā	pplicant's Title	
Signature		Pate	
FEES		For Cashiers Use Only	
	30.00 =	(PROCESS ONLY WHEN FEES ARE VERIFIED)	
Contain (No. of No. of	4.00 =		
	04.00 =		
Subtotal			
Surcharge (One Stop)X	% =		
3	% =		
Total Fees	=		
Fees verified by:			
Print and Sign			
Time and Oign			

Permit App #: