

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 98.0603, 98.6065	
1. To extend the plan check date from _____ to _____ for plan check # _____	
2. The plan was originally submitted on _____	
3. To allow the permit to be issued using 2008 LAPC.	
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	
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 _____	Approved Denied
<input type="checkbox"/> Public Works Bureau of Engineering Print Name _____ Sign _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Department of City Planning Print Name _____ Sign _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Department of County Health Print Name _____ Sign _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Other _____ Print Name _____ Sign _____	<input type="checkbox"/> <input type="checkbox"/>
DEPARTMENT ACTION	
<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	Reviewed by: (Staff) (print) _____ Sign _____ Date _____
Action taken by: (Supervisor) (print) _____ Sign _____ Date _____	
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 (PROCESS ONLY WHEN FEES ARE VERIFIED)
1. The last date to obtain the permit is on _____	
2. Plumbing Plans shall have been approved based on 2008 LAPC.	
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. All plumbing plan check fees including those required by this approval shall be paid before plumbing permit is issued.
4. Submitted plans shall be designed (or redesigned) and signed by the same original designer. If the project is redesigned by another engineer, the applicant shall submit a new plan check application.
5. This extension does NOT extend compliance date of any Order to Comply that may have been issued to this site by LADBS for code violations.

**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)

SUPPLEMENTAL INFORMATION AND/OR SKETCH OF JOB CONDITION

BASIS FOR APPROVAL-INFORMATION

For the Superintendent of Building or his designated agent to approve a request for modification or a request for alternate material or method of construction he must determine that special, individual reasons exist that make compliance with the strict letter of the ordinance impractical and that equivalency is provided for requests applicable to the State Housing Law. The resulting condition must be in conformance with the spirit and purpose of the ordinance involved. The applicant must provide sufficient information with this application to allow the above evaluation to be made.

INFORMATION ON PROCEDURE FOR APPEAL FROM A DETERMINATION OR ACTION BY THE DEPARTMENT OF BUILDING AND SAFETY

Appeal from the determination or action of the Superintendent of Building or his designated agency may be made to the Board of Building and Safety Commissioners. To appeal, the appellant must give special individual reasons that make compliance with the strict letter of the ordinance impractical. Appeals pertaining to State Housing Law provisions require complete evidence to substantiate that the proposed design, material, or method of construction is at least equivalent to that prescribed by the Code. State such reasons or evidence on the front of this form or on a separate attachment.

Date:

Job Address:

Conditions of Approval: