

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						
To allow an extension of time until in which to obtain a permit for plans						
Filed for checking on under Plan Check r	number					
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSAR	X A					
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSAR	Υ)					
Owner/Petitioner Name (Print) (Signature)	Position					
FOR CITY DEPARTMENT'S U	JSE ONLY BELOW THIS LINE					
Concurrences required from the following Department(s)	Approved Denied					
Los Angeles Fire Department Print Name	· ·					
Public Works Bureau of Engineering Print Name						
	Sign					
	Sign					
Other Print Name	Sign [] []					
DEPARTMENT ACTION						
Reviewed by: (Staff) (print) Sign Date						
Action taken by: (Supervisor) (p						
NOTE: IN CASE OF DENIAL, SEE PAGE #2	OF THIS FORM FOR APPEAL PROCEDURES					
CONDITIONS OF APPROVAL (Continued on Page	ge 2): For Cashiers Use Only (PROCESS ONLY WHEN FEES ARE VERIFIED)					
1. This extension does NOT extend the compliance date of any						
Order of Comply that may have been issued to this site by						
LADBS for a code violation.						
FEES						
Appeal Processing Fee (No. of Items) = $\chi $ \$130 + \$39/addl						
	=					
, , , , , , , , , , , , , , , , , , ,	= = =					
	=					
-	=					
	=					
Fees verified by:						
Print and Sign						

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

2. Submittal of plans (Check one of the boxes below):

Approved plans are required to be submitted to the Mechanical Plan Check Section for rechecking to verify compliance with current code requirements prior to obtaining a permit. An additional hourly plan check fee based on plan review and correction verification time will be assessed by the Department.

Approved plans are not required to be submitted to Mechanical Plan Check for rechecking.

Plans are in the plan check stage. Plans are allowed to be plan checked under the code if effect at the time of original submittal.

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,	dc	state and swe	ar as follows:			
(Print or Type Name of the Person Signing this Fo			ed in the resolution	n 832-93) at	as shown on	
2. The owner of the property as shown of	on the appeal a	pplication will be	made aware of the	ne appeal and will receive a copy of the appeal.		
I declare under PENALTY OF PERJURY that the	e forgoing is tru	e and correct.				
Owner's Name(s)						
Owner's Name(s) (Please Type or Print			<u> </u>	Please Type or Print		
Owner's Signature(s)		(Two Of	officers' Signatures Required for Corporation	ns)		
5 (7	(Please Sign			5 1 1	,	
Name of Corporation			·····			
			(Please Type or Print)			
Dated this day of			2	20		
CALIFORNIA ALL-PURPOSE ACKN	IOWLEDGE		8	SIGNATURE(S) MUST BE NOTARIZED		
State of CALIFORNIA	County of	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	on		
before me, Name, Title of Officer (e.g. Ja		, personally	appeared		1	
Name, Title of Officer (e.g. Ja	ane Doe, Notary Pi	ublic)		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.						
				RD OF BUILDING AND SAFETY		
COMMISSIONERS/DISABLED ACCESS APPEALS COMMISSION						
Applicant's Name				Applicant's Title		
Signature				Date		
FEES				For Cashiers Use On	ly	
Board Fee (No. of Items)	х	\$130.00	_	(PROCESS ONLY WHEN FEES ARE	VERIFIED)	
Inspection Fee (No of Insp.) =	X	\$84.00	=	-		
Research Fee (Total Hours Worked) =	X	\$104.00		-		
Subtotal			_	—		
Surcharge (One Stop)	Х	2%	=			
Surcharge (Systems Development)	х	6%	=			
Total Fees			=			
Fees verified by:						
Print and Sign				_		