



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 in 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, _____ do state and swear as follows:

(Print or Type Name of the Person Signing this Form)

- 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
- 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)