

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																												
REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)		CODE SECTIONS: L.A.M.C. RA-12.07C, RE-12.07.01C, RS-12.07.1C, R1-12.08C, R2-12.09C																													
To allow a reduced (front) (side) (rear) yard of _____ ft. in lieu of _____ ft. at proposed addition to an existing dwelling.																															
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 _____	<div style="display: flex; justify-content: space-between;"> <div>Approved <input type="checkbox"/></div> <div>Denied <input type="checkbox"/></div> </div>																												
<input type="checkbox"/> Public Works Bureau of Engineering	Print Name _____	Sign _____	<div style="display: flex; justify-content: space-between;"> <div>Approved <input type="checkbox"/></div> <div>Denied <input type="checkbox"/></div> </div>																												
<input type="checkbox"/> Department of City Planning	Print Name _____	Sign _____	<div style="display: flex; justify-content: space-between;"> <div>Approved <input type="checkbox"/></div> <div>Denied <input type="checkbox"/></div> </div>																												
<input type="checkbox"/> Department of County Health	Print Name _____	Sign _____	<div style="display: flex; justify-content: space-between;"> <div>Approved <input type="checkbox"/></div> <div>Denied <input type="checkbox"/></div> </div>																												
<input type="checkbox"/> Other _____	Print Name _____	Sign _____	<div style="display: flex; justify-content: space-between;"> <div>Approved <input type="checkbox"/></div> <div>Denied <input type="checkbox"/></div> </div>																												
<div style="display: flex; justify-content: space-between;"> <div> DEPARTMENT ACTION <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED </div> <div> Reviewed by: (Staff) (print) _____ Action taken by: (Supervisor) (print) _____ </div> <div> Sign _____ Sign _____ Date _____ Date _____ </div> </div>																															
NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES																															
CONDITIONS OF APPROVAL (Continued on Page 2): See attached plot plan and letters of consent from adjoining properties per information bulletin P/ZC 2002-005 regarding encroachment.		For Cashiers Use Only (PROCESS ONLY WHEN FEES ARE VERIFIED)																													
FEES <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Appeal Processing Fee.. (No. of Items) =</td> <td style="width: 10%;">X \$130 + \$39/addl</td> <td style="width: 10%;">=</td> <td style="width: 40%;"></td> </tr> <tr> <td>Inspection Fee (No of Insp.) =</td> <td>X \$ 84.00</td> <td>=</td> <td></td> </tr> <tr> <td>Research Fee ... (Total Hours Worked) =</td> <td>X \$104.00</td> <td>=</td> <td></td> </tr> <tr> <td>Subtotal</td> <td></td> <td>=</td> <td></td> </tr> <tr> <td>Surcharge (One Stop).....</td> <td>X 2%</td> <td>=</td> <td></td> </tr> <tr> <td>Surcharge (Systems Development).....</td> <td>X 6%</td> <td>=</td> <td></td> </tr> <tr> <td>Total Fees</td> <td></td> <td>=</td> <td></td> </tr> </table> Fees verified by: _____ Print and Sign _____				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		=	
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		=																													

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

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 NOTARIZEDState 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)