

## **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			
	CODE SECTIONS: L.A.M.C. 91,7103			
REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)				
To allow natural ventilation in lieu of the Building Code require slab-on-grade with a maximum size of a three car garage and				
Sidu-on-grade with a maximum size of a three car garage and	a small storage area with a maximum of 2008g.			
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSAR'	~1			
The proposed on-grade garage/storage is for using the parkin				
The proposed on-grade garage/storage is for dsing the parking	g of a maximum of 5 automobiles and storage.			
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	Sign			
Public Works Bureau of Engineering Print Name	Sign			
Department of City Planning Print Name	Sign			
Department of County Health Print Name				
Other Print Name	U U			
	U.g.			
DEPARTMENT ACTION				
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. This approval is for a maximum of three-car garage with a				
small storage area with a maximum of 250 square feet.				
Sinal Storage area with a maximum of 200 square reet.				
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)

- Openings shall be located not more than 12 inches below the bottom of ceiling or roof joist and may be covered with corrosion resistant mesh.
- 3. The openings shall be distributed approximately equally and located to provide cross ventilation, for example, by locating

the opening along the length of at least two opposite sides of the building.

4. The opening shall be the larger of:

a. Not less than 1.5 square feet for each 25 linear feet or fraction of exterior wall; or

b. 1% of the floor area.

## CITY OF LOS ANGELES BOARD OF BUILDING AND SAFETY/DISABLED ACCESS COMMISSION APPEAL FORM

(Must be Attached to the Modification Request Form, Page 1)

				IMISSIONERS – RESOLUTION NO. 832-93
L	do	state and swe	ear as follow	ws:
<ul> <li>do state and swear as follows:         <ul> <li>(Print or Type Name of the Person Signing this Form)</li> </ul> </li> <li>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</li> </ul>				
2. The owner of the property as shown o	n the appeal ap	plication will be	made aware	e of the appeal and will receive a copy of the appeal.
I declare under PENALTY OF PERJURY that the	e forgoing is true	e and correct.		
Owner's Name(s)				
Wener's Name(s)			Please Type or Print	
Owner's Signature(s)			(Tw	wo Officers' Signatures Required for Corporations)
	(Please Sign			
Name of Corporation	rint Name of Corpora	ution)	<u> </u>	(Please Type or Print)
		,		
Dated this day of				20
CALIFORNIA ALL-PURPOSE ACKN	OWLEDGE	MENT		SIGNATURE(S) MUST BE NOTARIZED
State of CALIFORNIA	County of			on
before me, Name, Title of Officer (e.g. Ja		, personall	v appeared	, t
Name, Title of Officer (e.g. Ja	ine Doe, Notary Pu	blic)	,	Name(s) of Signer(s)
in his/her/their authorized capacity(ies), and that the person(s), or the entity upon behalf of which the person(s), or the entity upon behalf of which the person of the	person(s) acted	, executed the i	nstrument.	
				BOARD OF BUILDING AND SAFETY
COMMISSIONERS/DISABLED ACCESS APPEALS COMMISSION				
Applicant's Name				Applicant's Title
Signature				Date
FEES				For Cashiers Use Only
		\$130.00		(PROCESS ONLY WHEN FEES ARE VERIFIED)
Board Fee (No. of Items)		\$130.00 \$84.00	=	
Inspection Fee(No of Insp.) = Research Fee (Total Hours Worked) =	X X	\$84.00 \$104.00	=	
Subtotal				
Suborar	X	2%		
Surcharge (Systems Development)	X	2 % 6%	=	
Total Fees			=	
Fees verified by:				
Print and Sign				