



www.ladbs.org

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

2. 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)

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)