

**REQUEST FOR MODIFICATION OF BUILDING ORDINANCES**  
 UNDER AUTHORITY OF L.A.M.C. SECTION 98.0403

<b>PERMIT APP. #:</b>	<b>DATE:</b>
<b>JOB ADDRESS:</b>	
<b>Tract:</b>	<b>Block:</b>
	<b>Lot:</b>
<b>Owner:</b>	<b>Petitioner:</b>
<b>Address:</b>	<b>Address:</b>
City                      State    Zip            Phone	City                      State    Zip            Phone
<b>REQUEST</b> (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	<b>CODE SECTIONS:</b> L.A.M.C 95.504.3.2.2
Request to install a domestic dryer moisture exhaust duct in excess of 14 feet in length.	
<b>JUSTIFICATION</b> (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	
In order to compensate for the excess in length, the diameter of the duct will be increased.	
Owner/Petitioner Name (Print) _____	(Signature) _____
Position _____	
<b>FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE</b>	
Concurrences required from the following Department(s)	
<input type="checkbox"/> Los Angeles Fire Department    Print Name _____ Sign _____	Approved    Denied
<input type="checkbox"/> Public Works Bureau of Engineering    Print Name _____ Sign _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Department of City Planning    Print Name _____ Sign _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Department of County Health    Print Name _____ Sign _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Other _____ Print Name _____ Sign _____	<input type="checkbox"/> <input type="checkbox"/>
<b>DEPARTMENT ACTION</b>	
<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	Reviewed by: (Staff) (print) _____ Sign _____ Date _____
	Action taken by: (Supervisor) (print) _____ Sign _____ Date _____
<b>NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES</b>	
<b>CONDITIONS OF APPROVAL (Continued on Page 2):</b>	<b>For Cashiers Use Only</b> (PROCESS ONLY WHEN FEES ARE VERIFIED)
<b>NOTE: INSPECTION FEES (NUMBER OF INSPECTIONS) TO BE DETERMINED IN THE FIELD.</b>	
<b>(See Attached Conditions of Approval on Page 3)</b>	
<b>FEES</b>	
Appeal Processing Fee.. (No. of Items) = 1 X \$130 + \$39/addl = 130.00	
Inspection Fee ..... (No of Insp.) = 0 X \$ 84.00 = 0.00	
Research Fee ... (Total Hours Worked) = 2 X \$104.00 = 208.00	
Subtotal ..... = 338.00	
Surcharge (One Stop)..... X 2% = 6.76	
Surcharge (Systems Development)..... X 6% = 20.28	
Total Fees ..... = 365.04	
Fees verified by:	
Print and Sign _____	

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

(See Attached Conditions of Approval on Page 3)

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)

Owner's Signature(s) \_\_\_\_\_ (Please Sign) (Two Officers' Signatures Required for Corporations)

Name of Corporation \_\_\_\_\_ (Please Print Name of Corporation)

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

Table with 5 columns: Fee Name, Quantity, Amount, Multiplier, Total. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Surcharges, and Total Fees.

Fees verified by:

Print and Sign \_\_\_\_\_

For Cashiers Use Only (PROCESS ONLY WHEN FEES ARE VERIFIED)

## SUPPLEMENTAL INFORMATION AND/OR SKETCH OF JOB CONDITION

BASIS FOR APPROVAL-INFORMATION

INFORMATION ON PROCEDURE FOR APPEAL FROM  
A DETERMINATION OR ACTION BY THE  
DEPARTMENT OF BUILDING AND SAFETY

For the Superintendent of Building or his designated agent to approve a request for modification or a request for alternate material or method of construction he must determine that special, individual reasons exist that make compliance with the strict letter of the ordinance impractical and that equivalency is provided for requests applicable to the State Housing Law. The resulting condition must be in conformance with the spirit and purpose of the ordinance involved. The applicant must provide sufficient information with this application to allow the above evaluation to be made.

Appeal from the determination or action of the Superintendent of Building or his designated agency may be made to the Board of Building and Safety Commissioners. To appeal, the appellant must give special individual reasons that make compliance with the strict letter of the ordinance impractical. Appeals pertaining to State Housing Law provisions require complete evidence to substantiate that the proposed design, material, or method of construction is at least equivalent to that prescribed by the Code. State such reasons or evidence on the front of this form or on a separate attachment.

DATE :

JOB ADDRESS:

CONDITIONS OF APPROVAL:

1. The moisture exhaust duct shall be increased to 5 inches nominal diameter.
2. The total developed length of the 5 inch diameter duct shall not exceed 44 feet including two 90-degree elbows. 4 feet shall be deducted for each 90-degree elbow in excess of two.
3. Provide cleanouts that are accessible and are spaced not more than 20 feet apart, they shall also be located at the base of each vertical riser.
4. The termination of the duct shall not be restricted by any louvers or screens and the free area of the duct shall not be reduced.
5. The duct system design shall be such that the fasteners will not obstruct the flow through the duct system.
6. The lap joints are to be in the direction of the air flow.
7. Ducts installed within a wall shall not be installed where the free area of the duct will be reduced.
8. The moisture exhaust duct shall not extend into or through ducts or plenums.