



REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

UNDER AUTHORITY OF L.A.M.C. SECTION 98.0403

Order to Comply OTC/CASE #	DATE:	For City Dept. Use Only EOT
JOB ADDRESS:		
Tract:	Block: Lot:	
Owner:	Petitioner:	
Email Address:	Email Address:	
Address:	Address:	
City State Zip Phone	City State Zip Phone	

REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	CODE SECTIONS 98.0402, 98.0411
To allow a 6-month extension of time to comply with the order to comply until (date) _____	

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

Owner/Petitioner Name (Print) _____	Signature _____	Position _____
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FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE

Concurrences required from the following Departments						Approved	Denied
<input type="checkbox"/> Los Angeles Fire Department	Print Name _____	Sign _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Public Works Bureau of Engineering	Print Name _____	Sign _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Department of City Planning	Print Name _____	Sign _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Department of County Health	Print Name _____	Sign _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Other _____	Print Name _____	Sign _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>		

DEPARTMENT ACTION	Reviewed by: (Staff) (Print) _____	Sign _____	Date _____
	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	Action Taken by: (Supervisor) (Print) _____	Sign _____

NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES

CONDITIONS OF APPROVAL (Continued on Page 2):	
See Page 2 for conditions of approval.	
FEES (DEPARTMENT USE ONLY)	
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	=
Development Services Center Surcharge	X 3% =
Systems Development Surcharge	X 6% =
Total Fees	=
Fees verified by _____	
Print and Sign _____	

For Cashiers Use Only
(PROCESS ONLY WHEN FEES ARE VERIFIED)
<input type="checkbox"/> Code Enforcement Bureau
Mod. # _____
<input type="checkbox"/> Paid Date: _____
Receipt# _____

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.

Order to Comply
OTC/CASE #

Job Address:

SUPPLEMENTAL INFORMATION AND/OR SKETCH OF JOB CONDITION

BASIS FOR APPROVAL INFORMATION

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.

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

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.

CONDITIONS OF APPROVAL

The following selected conditions will apply. **Failure to conform with any of the conditions herein may invalidate this approval.**

- 1. Discontinue all unapproved use(s) and/or occupancy of the subject structure until such time new approvals have been obtained from LADBS.
- 2. The site and/or subject structure shall be clean, secured, and free from hazards and/or nuisance.
- 3. Code Violation Inspection Fee (CVIF) is paid.
- 4. On or before (2 months), the property owner(s) or their representatives shall have submitted the appropriate documents to apply for a permit to comply with the subject order or return the structure to its permitted use.
- 5. On or before (4 months), the property owner(s) or their representatives shall have obtained (caused to be issued) a permit to resolve the subject order to comply.
- 6. Once the permit(s) is/are obtained, the owner(s) or their representatives shall diligently pursue construction to its completion to comply with the Department Order.
- 7. On or before (6 months), the property shall be in compliance with the subject order to comply.
- 8. Failure to conform with any or all of the conditions set forth may result in the rescinding of this modification for extension of time. Consequently, a non-Compliance fee (including any additional fees) will be assessed and the case may be forwarded to the Legal Department for further action.

I, _____, as the owner of the property at _____
Print Name Property Address

acknowledge and will comply with the above conditions of approval.

Owner's Signature _____ Date _____

AFFIDAVIT (required if petitioner is other than the property owner)

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 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.

Owners' Name(s) _____
(Please Type or Print) (Please Type or Print)

Owners' Signature(s) _____
(Please sign) (Two Officers' Signatures Required for Corporations. Please Sign)

Name of Corporation _____
(Please Type or Print Name of Corporation)

Dated this _____ day of _____ 20 _____

Petitioner Name (Print)

Signature

Tenant or Agent

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 _____

Order to Comply
OTC/CASE #

Job Address:

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.

Owners' Name(s) _____
(Please Type or Print) (Please Type or Print)

Owners' Signature(s) _____
(Please sign) (Two Officers' Signatures Required for Corporations. Please Sign)

Name of Corporation _____
(Please Type or 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 _____

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APPEAL OF DEPARTMENT ACTION TO THE BOARD OF BUILDING AND SAFETY COMMISSIONERS/DISABLED ACCESS APPEALS COMMISSION

Applicant's Name _____ Applicant's Title _____
Signature _____ Date _____

(DEPARTMENT USE ONLY)			
FEES			
Board Fee*	(No. of items)	X	=
Inspection Fee	(No. of Insp.)	X \$84.00	=
Research Fee (Total Hours Worked)		X \$104.00	=
Subtotal			=
Development Services Center Surcharge		X 3%	=
Systems Development Surcharge		X 6%	=
Total Fees			=
Fees verified by _____			
Print and Sign _____			

* Section 98.403.2 Table 4-A: \$215+\$76 ea add'l item (for R3/U occ only), \$632+\$215 ea add'l item (Uses other than R3/U in Type I & II bldg), or \$354+\$215 ea add'l item (Uses other than R3/U in other Types of construction). For all other filings not covered above, including pursuant to LAMC 12.26: \$500+\$150 ea add'l item

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

Code Enforcement Bureau
Mod. # _____
 Paid Date: _____
Receipt# _____