

## 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
State Zip i none	ony state zip	1 110110
REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	CODE SECTIONS:	
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSAR	Y)	
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
	Sign	
		_
Public Works Bureau of Engineering Print Name		
	Sign	
Department of County Health Print Name	Sign	_
Other Print Name	Sign	
_		
DEPARTMENT ACTION Reviewed by: (Staff) (print)	Sign	Date
GRANTED DENIED	Sign.	Dute
Action taken by: (Supervisor) (p		Date
NOTE: IN CASE OF DENIAL, SEE PAGE #2	OF THIS FORM FOR APPEAL PROCE	DURES
CONDITIONS OF APPROVAL (Continued on Page	re 2). For Cashie	rs Use Onlv
( )		
	(PROCESS ONLY WHE	N FEES ARE VERIFIED)
	(PROCESS ONLY WHE	
FEES	(PROCESS ONLY WHE	
Appeal Processing Fee (No. of Items) = \$130 + \$39/addl	=	
Appeal Processing Fee (No. of Items) = \$130 + \$39/addl Inspection Fee(No of Insp.) = X \$ 84.00	=	
Appeal Processing Fee (No. of Items) =       \$130 + \$39/addl         Inspection Fee	=	
Appeal Processing Fee (No. of Items) =       \$130 + \$39/addl         Inspection Fee	= = =	
Appeal Processing Fee (No. of Items) = \$130 + \$39/addl Inspection Fee	=	
Appeal Processing Fee (No. of Items) = \$130 + \$39/addl Inspection Fee	=	
Appeal Processing Fee (No. of Items) = \$130 + \$39/addl Inspection Fee	=	
Appeal Processing Fee (No. of Items) = \$130 + \$39/addl Inspection Fee	=	
Appeal Processing Fee (No. of Items) = \$130 + \$39/addl Inspection Fee	=	

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)

(11100100			amounom requ		- · · ·
AFFIDAVIT - LADBS BOARD OF E	BUILDIN	G AND SAF	ETY COMMIS	SIONERS – R	ESOLUTION NO. 832-93
l,	d	o state and sw	ear as follows:		
(Print or Type Name of the Person Signing this Form)  1. The name and mailing address of the ow the appeal application (LADBS Com 31)	ner of the p		ned in the resolution	ı 832-93) at	as shown on
The owner of the property as shown on the contract of the property as the contract of the contrac	he appeal a	application will be	e made aware of the	e appeal and will red	ceive a copy of the appeal.
I declare under PENALTY OF PERJURY that the fo	rgoing is tr	ue and correct.			
Owner's Name(s)(Pleas					
(Pleas	e Type or Print				Please Type or Print
Owner's Signature(s)			(Two Of	ficers' Signature	s Required for Corporations)
	-				
Name of Corporation(Please Print	Name of Corpo	oration)	<del></del>		(Please Type or Print)
Dated this day of			21	)	( locot type s. t. m.y
Dated trisday or			2(	J	
CALIFORNIA ALL-PURPOSE ACKNO				• •	
State of	County of	of		on	
before me,	Doe, Notary F	, persona	lly appeared		Name(s) of Signer(s)
who proved to me on the basis of satisfactory evider	nce to be th	ne person(s) who	ose name(s) is/are		· · · · · · · · · · · · · · · · · · ·
subscribed to the within instrument and acknowledg in his/her/their authorized capacity(ies), and that by					
person(s), or the entity upon behalf of which the per					
certify under PENALTY OF PERJURY under the					
foregoing is true and correct. WITNESS my hand and official seal.				Signature	
As a covered entity under Title II of the Americans	s with Disa	abilities Act, the			ninate on the basis of disability and, upon
request will provide reasonable accommodation to					
APPEAL OF DEPAR					
COMMISSI	ONERS/	DISABLED A	CCESS APPEA	LS COMMISSIC	ON .
Applicant's Name				Applicant's	Title
Signature				Date	
FEES				(PR	For Cashiers Use Only DOCESS ONLY WHEN FEES ARE VERIFIED)
Board Fee (No. of Items)		\$354.00	=	_	DOESO ONET WHEN TEES ARE VERNITED
Inspection Fee(No of Insp.) =	Χ	\$84.00	=	_	
Research Fee (Total Hours Worked) =	Χ	\$104.00	=	_	
Subtotal			=	_	
Development Services Center Surcharge		3%	=	_	
Systems Development Surcharge	Х	6%	=	_	
Total Fees			=	-	
Fees verified by:					
Print and Sign					
			-	_	