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

<table>
<thead>
<tr>
<th>PERMIT APP. #:</th>
<th>DATE:</th>
<th>For City Dept. Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOB ADDRESS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tract:</td>
<td>Block:</td>
<td></td>
</tr>
<tr>
<td>Owner:</td>
<td>Petitioner:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City State Zip Phone</td>
<td>City State Zip Phone</td>
<td></td>
</tr>
</tbody>
</table>

REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)
CODE SECTIONS: Section 98.0501 of L.A.M.C

Allow one time approval of
This product was submitted to the LADBS Engineering Research Section on ______________ for general product approval.
(Log number TLB)

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)
Engineering Research Section has reviewed and approved the submittal with the attached conditions.

Owner/Petitioner Name (Print) (Signature) Position

FOR CITY DEPARTMENT’S USE ONLY BELOW THIS LINE

Concurrences required from the following Department(s)

<table>
<thead>
<tr>
<th>Department</th>
<th>Approved</th>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles Fire Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Works Bureau of Engineering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of City Planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of County Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):
This is a One-Time approval only for the specific project referenced
And cannot be used as precedence for any other projects.

FEES
(DEPARTMENT USE ONLY)

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal Processing Fee.. (No. of Items) = 1</td>
<td>$165</td>
<td>165.00</td>
</tr>
<tr>
<td>Inspection Fee ............... (No of Insp.) = X</td>
<td>$84.00</td>
<td></td>
</tr>
<tr>
<td>Research Fee(Total Hours Worked) = 1</td>
<td>$104.00</td>
<td>104.00</td>
</tr>
<tr>
<td>Subtotal ........................................</td>
<td></td>
<td>269.00</td>
</tr>
<tr>
<td>Development Services Center Surcharge X 3% =</td>
<td></td>
<td>8.07</td>
</tr>
<tr>
<td>Systems Development Surcharge ........... X 6% =</td>
<td></td>
<td>16.14</td>
</tr>
<tr>
<td>Total Fees ......................................</td>
<td></td>
<td>293.21</td>
</tr>
</tbody>
</table>

Fees verified by: Print and Sign

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

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 forgoing is true and correct.

Owner’s Name(s)    ____________________________________________    __________________________________________________

Owner’s Signature(s)  __________________________________________   (Two Officers’ Signatures Required for Corporations)

Name of Corporation  __________________________________________________    ________________________________________________________

Dated this __________ day of __________________________________________ 20______

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT--------------------------SIGNATURE(S) MUST BE NOTARIZED

State of    Count y of  _______________________  on

before me, ______________________________________, personally appeared  ______________________________________________ ,

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.

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.

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

(DEPARTMENT USE ONLY)

Board Fee ................. (No. of Items) 1 X $165.00 = 0.00
Inspection Fee.......... (No of Insp.) = X $84.00 = 0.00
Research Fee.... (Total Hours Worked) = X $104.00 = 0.00
Subtotal .............................................. = 0.00
Development Services Center Surcharge X 3% = 0.00
Systems Development Surcharge ....... X 6% = 0.00
Total Fees .......................................................... = 0.00
Fees verified by:

Print and Sign

For Cashiers Use Only

(PROCESS ONLY WHEN FEES ARE VERIFIED)