



# 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. 94.721.1						
Request to maintain a private building sewer which crosses lot lines.							
<b>JUSTIFICATION</b> (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)							
A covenant and agreement has been filed with the Office of the County Recorder of Los Angeles to allow the right of access to maintain the sewer.							
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"><small>Owner/Petitioner Name (Print)</small></td> <td style="border: none;"><small>(Signature)</small></td> <td style="border: none;"><small>Position</small></td> </tr> </table>		_____	_____	_____	<small>Owner/Petitioner Name (Print)</small>	<small>(Signature)</small>	<small>Position</small>
_____	_____	_____					
<small>Owner/Petitioner Name (Print)</small>	<small>(Signature)</small>	<small>Position</small>					
<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 <input type="checkbox"/>						
<input type="checkbox"/> Public Works Bureau of Engineering      Print Name _____ Sign _____	Denied <input type="checkbox"/>						
<input type="checkbox"/> Department of City Planning      Print Name _____ Sign _____							
<input type="checkbox"/> Department of County Health      Print Name _____ Sign _____							
<input type="checkbox"/> Other _____      Print Name _____ Sign _____							
<b>DEPARTMENT ACTION</b>							
<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Reviewed by: (Staff) (Print) _____</td> <td style="border: none;">Sign _____</td> <td style="border: none;">Date _____</td> </tr> <tr> <td style="border: none;">Action taken by: (Supervisor) (Print) _____</td> <td style="border: none;">Sign _____</td> <td style="border: none;">Date _____</td> </tr> </table>	Reviewed by: (Staff) (Print) _____	Sign _____	Date _____	Action taken by: (Supervisor) (Print) _____	Sign _____	Date _____
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> <small>(PROCESS ONLY WHEN FEES ARE VERIFIED)</small>						
A Covenant and Agreement shall be filed with the Office of the County Recorder of Los Angeles to allow the right of access to maintain the sewer.							
<b>FEES (DEPARTMENT USE ONLY)</b>							
Appeal Processing Fee.. (No. of Items) =    1    X \$130 + \$39/addl    =    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 _____							

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)

**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 forgoing 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 \_\_\_\_\_

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	\$130.00	= <u>0.00</u>
Inspection Fee.....	(No of Insp.) =	X	\$84.00	= <u>0.00</u>
Research Fee....	(Total Hours Worked) =	X	\$104.00	= <u>0.00</u>
Subtotal .....				= <u>0.00</u>
Development Services Center Surcharge		X	3%	= <u>0.00</u>
Systems Development Surcharge .....		X	6%	= <u>0.00</u>
Total Fees .....				= <u>0.00</u>

Fees verified by:

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

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