



REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

PERMIT APP. #:	DATE:	For City Dept. Use Only						
JOB ADDRESS:		Building						
Tract:	Block:							
	Lot:							
Owner:	Petitioner:							
Address:	Address:							
City State Zip Phone	City State Zip Phone							
REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	CODE SECTIONS: LARC Section R506.2.3							
To allow for the use of an approved epoxy coating, with a listing by ICC or IAPMO, over an existing slab in lieu of the 6-mil Polyethylene vapor retarder under the slab as required by LARC Section R506.2.3.								
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)								
The product has an approved listing from ICC-ES or IAPMO-UES, No. ER/ESR-								
The wet thickness and dry thickness of epoxy provides equivalent vapor retardant as a 6-mil polyethylene vapor retarder barrier								
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; 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>						
FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE								
Concurrences required from the following Department(s)								
<input type="checkbox"/> Los Angeles Fire Department	Print Name _____ Sign _____ Date _____	Approved <input type="checkbox"/> Denied <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								
<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	<i>Reviewed by: (Staff) (Print)</i> _____	<i>Sign</i> _____ <i>Date</i> _____						
	<i>Action taken by: (Supervisor) (Print)</i> _____	<i>Sign</i> _____ <i>Date</i> _____						
NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES								
CONDITIONS OF APPROVAL (Continued on Page 2):		For Cashiers Use Only <small>(PROCESS ONLY WHEN FEES ARE VERIFIED)</small>						
FEES (DEPARTMENT USE ONLY)								
Appeal Processing Fee ..(No. of Items) =	1 X \$130 + \$39/addl	= 130.00						
Inspection Fee(No of Insp.) =	X \$ 84.00	= 0.00						
Research Fee(Total Hours Worked) =	1 X \$104.00	= 104.00						
Subtotal.....		= 234.00						
Development Services Center Surcharge	X 3%	= 7.02						
Systems Development Surcharge.....	X 6%	= 14.04						
Total Fees.....		= 255.06						
Fees verified by: _____								
Print and Sign _____								

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.

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)

- 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) _____ (Please Type or Print)

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

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

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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 _____

Table with 5 columns: Fee Name, Quantity, Unit, Amount, Total. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Development Services Center Surcharge, Systems Development Surcharge, and Total Fees.

Fees verified by:

Print and Sign _____

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