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>
</table>

<table>
<thead>
<tr>
<th>Tract:</th>
<th>Block:</th>
<th>Lot:</th>
<th>Misc.</th>
</tr>
</thead>
</table>

Owner: Petitioner:
Address:
City State Zip Phone

REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

To allow an extension of time until in which to start construction under building permit # issued on

PCIS# - -
- -

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

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

Approved Denied

DEPARTMENT ACTION

GRANTED DENIED

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 extension does NOT extend the compliance date of any Order to Comply that may have been issued to this site by LADBS for a code violation.

For Cashiers Use Only

(FOR DEPARTMENT USE ONLY)

FEES

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Rate</th>
<th>Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal Processing Fee</td>
<td>(No. of Items) =</td>
<td>$130 + $39/addl</td>
<td>=</td>
</tr>
<tr>
<td>Inspection Fee</td>
<td>(No of Insp.) =</td>
<td>$84.00</td>
<td>=</td>
</tr>
<tr>
<td>Research Fee</td>
<td>(Total Hours Worked) =</td>
<td>$104.00</td>
<td>=</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td>=</td>
</tr>
<tr>
<td>Development Services Center Surcharge</td>
<td></td>
<td>3%</td>
<td>=</td>
</tr>
<tr>
<td>Systems Development Surcharge</td>
<td></td>
<td>6%</td>
<td>=</td>
</tr>
<tr>
<td>Total Fees</td>
<td></td>
<td></td>
<td>=</td>
</tr>
</tbody>
</table>

Fees verified by:
Print and Sign __________________________________________________________

www.ladbs.org
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  ______________________________________________ , 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  

Signature  

Applicant’s Title  

Date  

FEES  

(DEPARTMENT USE ONLY)  

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Fee</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Fee ........................ (No. of Items)</td>
<td>X</td>
<td>$354.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Inspection Fee.................... (No of Insp.)</td>
<td>X</td>
<td>$84.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Research Fee...................... (Total Hours Worked)</td>
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<td>$104.00</td>
<td>0.00</td>
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<tr>
<td>Subtotal .................................................................</td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>Development Services Center Surcharge</td>
<td>X</td>
<td>3%</td>
<td>0.00</td>
</tr>
<tr>
<td>Systems Development Surcharge</td>
<td>X</td>
<td>6%</td>
<td>0.00</td>
</tr>
<tr>
<td>Total Fees .................................................................</td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

For Cashiers Use Only  

(PROCESS ONLY WHEN FEES ARE VERIFIED)  

Print and Sign  

www.ladbs.org
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.

Permit Application Number _____   Job Address ______

CONDITIONS OF APPROVAL: (Reasons for Appeal in Case of Denial) – Continued.

1. The proposed work must conform to all pertinent laws, including those that have become operative since the issuance of the original building permit.

2. Plans must be resubmitted to the department for a brief recheck to verify compliance with all current code requirements. The date plans are submitted, for rechecking, shall be construed as the original plan check submittal date when determining the applicability of any code changes, Accessibility (Title 24), ICO’s or other ordinances which have taken effect, further, the date a supplemental permit for rechecking the plans is issued shall be construed as the original building permit issuance date when determining the applicability of any code changes, ICO’s, or other ordinances which have taken effect.

3. The additional plan check and permit fee will be charged to cover the plan check.

******************************************************************************
Building Inspection Clearance:

1. Has any construction started on this site? Yes _____ No _____

2. Is there any reason we should not extend this permit? Yes _____ No _____

If YES, please comment:

By _______________________________ Date ____________________