

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

<b>PERMIT APP. #:</b>	<b>DATE:</b>	<b>For City Dept. Use Only</b>
<b>JOB ADDRESS:</b>		
<b>Tract:</b>	<b>Block:</b>	<b>Plumbing</b>
	<b>Lot:</b>	
<b>Owner:</b>	<b>Petitioner:</b>	
<b>Address:</b>	<b>Address:</b>	
City                      State      Zip              Phone	City                      State      Zip              Phone	

**REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)**      **CODE SECTIONS: LAPC 1202.1**  
 Request permission to design and use a high pressure gas piping system.

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**JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)**  
 Gas pressure of \_\_\_\_\_ psig is needed/desired for the operation of the equipment.

Owner/Petitioner Name (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_ Position \_\_\_\_\_

**FOR CITY DEPARTMENT’S USE ONLY BELOW THIS LINE**

Concurrences required from the following Department(s)	Approved	Denied
<input type="checkbox"/> Los Angeles Fire Department      Print Name _____ Sign _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Works Bureau of Engineering      Print Name _____ Sign _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Department of City Planning      Print Name _____ Sign _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Department of County Health      Print Name _____ Sign _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____ Print Name _____ Sign _____	<input type="checkbox"/>	<input type="checkbox"/>

**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):**

1. The system shall be installed in accordance with approved plans and requirements for Medium pressure gas, except that regulator shut off valve shall be labeled with the appropriate Pressure. (Continued on Page 2)

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**FEES (DEPARTMENT USE ONLY)**

Appeal Processing Fee.. (No. of Items) = 1 X \$130 + \$39/addl = \_\_\_\_\_

Inspection Fee ..... (No of Insp.) = X \$ 84.00 = \_\_\_\_\_

Research Fee ... (Total Hours Worked) = X \$104.00 = \_\_\_\_\_

Subtotal ..... = \_\_\_\_\_

Development Services Center Surcharge X 3% = \_\_\_\_\_

Systems Development Surcharge ..... X 6% = \_\_\_\_\_

Total Fees ..... = \_\_\_\_\_

Fees verified by: \_\_\_\_\_

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

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

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)	
2. THE SYSTEM SHALL BE TESTED FOR A LENGTH OF TIME SATISFACTORY TO THE DEPARTMENT AT THE APPROPRIATE PRESSURE BELOW:	
MAXIMUM WORKING PRESSURE (PSIG)	TEST PRESSURE (PSIG)
5 TO 60	60
21 TO 83	125
OVER 83	1.5 X MAXIMUM WORKING PRESSURE
3. INDOOR PIPING SHALL BE WELL VENTILATED AND SHALL BE NOT BE INSTALLED WITHIN ANY RESIDENTIAL BUILDING.	
4. This approval does not waive any requirements for electrical equipment and wiring in hazardous (classified) location, nor does it waive any requirements for pressure vessel permits.	

## 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	\$354.00 = _____
Inspection Fee.....	(No of Insp.) =		X	\$84.00 = _____
Research Fee....	(Total Hours Worked) =		X	\$104.00 = _____
Subtotal .....				= _____
Development Services Center Surcharge		X	3%	= _____
Systems Development Surcharge .....		X	6%	= _____
Total Fees .....				= _____
Fees verified by: _____				
Print and Sign _____				

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