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:

Tract: 

Block: 

Lot: 

Building

Owner: 

Petitioner: 

Address: 

Address: 

City State Zip Phone 

City State Zip Phone 

REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY) 

CODE SECTIONS: L.A.B.C. 7103 

For lots in Methane Zone: to allow on-grade-additions between 500 sf & 1,000 sf for single-family-dwellings & their accessory buildings, or on grade addition between 100 sf & 750 sf for all other buildings to use Methane Hazard Mitigation Standard Plan (MHMSP): Simplified Method for Small Additions (IB P/BC 2017-102) in lieu of methane mitigation requirements of Chapter 71 of LABC.

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY) 

The proposed addition is in compliance with an equivalent methane mitigation system as stated in 91.7104.2 and the proposed addition is in the compliance with all conditions of approval as stated in this form.

Owner/Petitioner Name (Print) __________ (Signature) __________

Position 

FOR CITY DEPARTMENT’S USE ONLY BELOW THIS LINE

Concurrences required from the following Department(s) 

Approved 

Denied 

Los Angeles Fire Department Print Name_________________________ Sign__________________________

Public Works Bureau of Engineering Print Name_________________________ Sign__________________________

Department of City Planning Print Name_________________________ Sign__________________________

Department of County Health Print Name_________________________ Sign__________________________

Other ________________________ Print Name_________________________ Sign__________________________

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. Install 6 mil. Visquene sheet placed below the floor slab

2. Install 2” thick Gravel layer below the Visquene.

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

For Cashiers Use Only

(PROCESS ONLY WHEN FEES ARE VERIFIED)
CONDITIONS OF APPROVAL (Continued from Page 1)

3. Install one 4" diameter Perforated Horizontal Vent Pipe placed below Gravel Layer.
4. Install two 2" diameter Vent Risers placed vertically in the building walls are connected to the two ends of the Perforated Horizontal Vent Pipe.
5. Conduit and Cable Seal Fittings installed in conduits penetrating the floor of the addition, and

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 ___________________ 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)

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Fees verified by:

Print and Sign ____________________________

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