

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:		Building		
		Lot:		U		
Owner:		Petitioner:				
Address:		Address:				
City State Zip	Phone	City	State Zip	Phone		
REQUEST (SUBMIT PLANS OR ADDITIONAL SHEE	CODE SECTIO	ONS: L.A.B.C. 7103				
For lots in Methane Zone: to allow on-gra	de-additions betwee	n 500 sf & 1,000) sf for single-family-	dwellings & their		
accessory buildings, or on grade addition	between 100 sf & 7	50 sf for all othe	r buildings to use Me	thane Hazard Mitigation		
Standard Plan (MHMSP): Simplified Metl				•		
requirements of Chapter 71 of LABC.						
JUSTIFICATION (SUBMIT PLANS OR ADDITION.	AL SHEETS AS NECESSARY	()				
The proposed addition is in compliance v	vith an equivalent me	thane mitigation	n system as stated in	91.7104.2 and the		
proposed addition is in the compliance w	ith all conditions of a	pproval as state	d in this form.			
Owner/Petitioner Name (Print)	(Signature)		Position			
FOR CITY	DEPARTMENT'S U		OW THIS LINE			
Concurrences required from the following Departm	ent(s)			Approved Denied		
	ame	Sign	Date			
Public Works Bureau of Engineering Print Na						
	ame					
	ame	-				
Conter Print Na	ame	Sign	Date			
DEPARTMENT ACTION						
Revie	ewed by: (Staff) (Print)		Sign	Date		
	on taken by: (Supervisor) (Pr	•	Sign	Date		
NOTE: IN CASE OF DEN	IIAL, SEE PAGE #2 (OF THIS FORM	I			
CONDITIONS OF APPROVAL (Continued on Page 2):			For Cash (PROCESS ONLY V	niers Use Only WHEN FEES ARE VERIFIED)		
1. Install 6 mil. Visquene sheet placed below the floor stab						
2. Install 2" thick Gravel layer below the Visquene.						
FEES (DEPARTMENT)						
	= 130.00					
Inspection Fee(No of Insp.) =		= 0.00				
Research Fee(Total Hours Worked) = 1	= 104.00					
Subtotal		=234.00				
Development Services Center Surcharge	= <u>7.02</u> = <u>14.04</u>					
Systems Development Surcharge X 6% =						
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)

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

6. Comply with Simplified Method "C" of LADBS Information Bulletin P/BC 2017-102 titled: "Hazard Mitigation Standard Plan. Simplified Method For Small Additions."

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 a (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 appeal application (LADBS Com 31) are correct, and 			
2. The owner of the property as shown on the appeal application will be made I declare under PENALTY OF PERJURY that the forgoing is true and correct.	e aware of the appeal and will receive a copy of the appeal.		
Owner's Name(s)	(Please Type or Print)		
Owner's Signature(s)	(Two Officers' Signatures Required for Corporations)		
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 County of			
before me,, personally ap Name, Title of Officer (e.g. Jane Doe, Notary Public)	peared, Name(s) of Signer(s)		
Name, I the of Officer (e.g. Jane Doe, Notary Public) who proved to me on the basis of satisfactory evidence to be the person(s) whose na to the within instrument and acknowledged to me that he/she/they executed the sam authorized capacity(ies), and that by his/her/their signature(s) on the instrument in pe upon behalf of which the person(s) acted, executed the instrument. I certify under I PERJURY under the laws of the State of California that the foregoing is true ar	ame(s) is/are subscribed e in his/her/their rrson(s), or the entity PENALTY OF		
NITNESS my hand and official seal. Signature			
As a covered entity under Title II of the Americans with Disabilities Act, the City of L provide reasonable accommodation to ensure equ			
COMMISSIONERS/DISABLED A			
Applicant's Name	Applicant's Title		
Signature	Date		

Signature					Date
FEES (DEPARTME	NT USE C	NLY)			For Cashiers Use Only (PROCESS ONLY WHEN FEES ARE VERIFIED)
Board Fee(No. of Items)	1 X	\$354.00	=	0.00	
Inspection Fee (No of Insp.) =	Х	\$84.00	=	0.00	
Research Fee (Total Hours Worked) =	Х	\$104.00	=	0.00	
Subtotal			=	0.00	
Development Services Center Surcharge	Х	3%	=	0.00	
Systems Development Surcharge	Х	6%	=	0.00	
Total Fees			=	0.00	
Fees verified by:					
Print and Sign					