

## **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:	Plumbing
	Lot:	_
Owner:	Petitioner:	
Address:	Address:	
City State Zip Phone	City State Zi	p Phone
REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	SARY) CODE SECTIONS: L.A.M.C 98.0603; 98.0605	
1. To extend the plan check date from to for plan check #		,
2. The plan was originally submitted on		
3. To allow the permit to be issued using 2015 LAPC.		
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)		
Owner/Petitioner Name (Print) (Signature)	Position	
FOR CITY DEPARTMENT'S L	ISE ONLY BELOW THIS LINE	
Concurrences required from the following Department(s)		Approved Denied
	Sign	
Public Works Bureau of Engineering Print Name	Sign	
Department of City Planning Print Name	Sign	凵 凵
Department of County Health     Print Name	Sign	
Other Print Name	Sign	
DEPARTMENT ACTION Reviewed by: (Staff) (Print) Sign Date		
	o.g.i	Duto
Action taken by: (Supervisor) (P	rint) Sign	Date
NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES		
CONDITIONS OF APPROVAL (Continued on Pag		<b>shiers Use Only</b> Y WHEN FEES ARE VERIFIED)
1. The last date to obtain the permit is on		
2. Plumbing Plans shall have been approved based on 2014 LAPC.		
	LAF C.	
(DEPARTMENT USE ONLY)		
Appeal Processing Fee (No. of Items) = 1 X \$130 + \$39/addl	=	
Inspection Fee (No of Insp.) = X \$ 84.00	=	
	=	
	=	
	=	
	=	
Total Fees Fees verified by:	=	
Print and Sign		

Permit App #:

Job Address:

## CONDITIONS OF APPROVAL (Continued from Page 1)

All plumbing plan check fees including those required by this approval shall be paid before plumbing permit is issued.
 Submitted plans shall be designed (or redesigned) and signed by the same original designer. If the project is redesigned by another engineer, the applicant shall submit a new plan check application.
 This extension does NOT extend compliance date of any Order to Comply that may have been issued to this site by LADBS for code

violations.

## 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		
do state and swear as follows:		
<ul> <li>I,</li></ul>		
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)		
	(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 ACKNOWLEDGEMENTSIGNATURE(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)		
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       Name(s) of Signer(s)         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)	For Cashiers Use Only	
Board Fee (No. of Items) 1 X \$3	4.00 =	
	4.00 =	
	4.00 =	
Subtotal	=	
Development Services Center Surcharge X 3	ó =	
Systems Development Surcharge X 6		
Total Fees	=	
Fees verified by:		
Print and Sign		