

REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

UNDER AUTHORITY OF L.A.M.C. SECTION 98.0403

PERMIT APP. #:	DAT	E:	For City Dept. Use Only	
JOB ADDRESS:				
Tract:	Bloc	k:	Electrical	
	Lot:			
Owner:	Petit	ioner:		
Address:	Addı	ess:		
City State Zip Pho	one City	State	Zip Phone	
REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS	NECESSARY) COE	CODE SECTIONS: L.A.M.C. 93.0206(b)8, 91.0907		
Request to separate fire alarm plans and submit for	plan check and permit.	and permit. Construction area is sq ft.		
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY) Fire alarm plan(s) will be designed and submitted under a separate package for approval.				
Construction area is about	sq ft.	package for approval.		
	0 q n.			
Owner/Petitioner Name (Print) (Sigr	nature)	Position		
FOR CITY DEP	ARTMENT'S USE O	NLY BELOW THIS LIN	E	
Concurrences required from the following Department(s)			Approved Denied	
		Sign		
Public Works Bureau of Engineering Print Name				
		Sign		
		Sign		
Cher Print Name		Sign		
DEPARTMENT ACTION				
Reviewed by	y: (Staff) (Print)	Sign	Date	
GRANTED DENIED				
	n by: (Supervisor) (Print)	Sign	Date	
NOTE: IN CASE OF DENIAL,	SEE PAGE #2 OF TH			
CONDITIONS OF APPROVAL (Cor	ntinued on Page 2):		or Cashiers Use Only S ONLY WHEN FEES ARE VERIFIED)	
1. No electrical permits (for fire alarm system condu	uits) shall be issued unti			
fire warning system plans are submitted and checked by Electrical Plan Check.				
2. No work shall be done to the fire alarm system until the plans are approved by				
Electrical Plan Check and electrical permit is obtained.				
FEES (DEPARTMENT USE C	ONLY)			
	130 + \$39/addl =			
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				
Systems Development Surcharge				
Total Fees Fees verified by:	=			
Print and Sign				

Permit App #:

Job Address:

 Permission is granted to submit separate fire alarm plans and obtain separate permits for the fire alarm system, provided plans and Specifications for the fire alarm system are submitted before any work is done.
If the fees in the Electrical Plan Check application is insufficient to cover the time to plan check. Supplemental fees based on \$104.00

per hour shall be charged to cover the expenses.

5. The fire alarm plan shall bear the stamp, signature, and date of a California registered professional Electrical Engineer or a licensed C-10 contractor who is responsible for the design and content of the plan.

6. A certificate of occupancy for the building shall not be granted until the permit for the fire alarm work is issued and the inspection is finalized.

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 BUILD	DING AND SAFETY C	COMMISSIONERS – RESOLUTION NO. 832-93		
l.	do state and swear as f	follows:		
I, do state and swear as follows: (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 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 app	eal application will be made a	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 Type or Print)		
		20		
CALIFORNIA ALL-PURPOSE ACKNOWLED	DGEMENT	SIGNATURE(S) MUST BE NOTARIZED		
State of CALIFORNIA Coun	ty of	on		
before me, Name, Title of Officer (e.g. Jane Doe, Not	, personally appe	Name(s) of Signer(s)		
who proved to me on the basis of satisfactory evidence to be to the within instrument and acknowledged to me that he/sl authorized capacity(ies), and that by his/her/their signature upon behalf of which the person(s) acted, executed the ins PERJURY under the laws of the State of California that WITNESS my hand and official seal.	be the person(s) whose name he/they executed the same in (s) on the instrument in perso trument. I certify under PEI	e(s) is/are subscribed n his/her/their on(s), or the entity NALTY OF	_	
	sabilities Act, the City of Los	Angeles does not discriminate on the basis of disability and, upon request,	will	
		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	Applicant's Title	
Signature		Date		
FEES (DEPARTMENT USE ONLY)		For Cashiers Use Only		
Board Fee(No. of Items) 1 X	\$354.00 =	(PROCESS ONLY WHEN FEES ARE VERIFIED)		
Inspection Fee (No of Insp.) = X				
Research Fee (Total Hours Worked) = X				
Subtotal				
Development Services Center Surcharge	3% =			
Systems Development Surcharge	6% =			
Total Fees	=			
Fees verified by:				
Print and Sign				