



REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

PERMIT APP. #:	DATE:
JOB ADDRESS:	
Tract:	Block:
	Lot:
Owner:	Petitioner:
Address:	Address:
City State Zip Phone	City State Zip Phone
REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	
	CODE SECTIONS: L.A.M.C. 93.0204, 93.0224
To obtain a permit to install raceways and enclosures only in ground, masonry, or walls prior to issuance of the electrical permit and approval of the required electrical plans.	
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	
Plans have been submitted for plan check and more time is needed to obtain plan check approval. Construction schedule requires this portion of the project to be inspected as soon as possible.	
Owner/Petitioner Name (Print) _____ (Signature) _____ Position _____	
FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE	
Concurrences required from the following Department(s)	
<input type="checkbox"/> Los Angeles Fire Department Print Name _____ Sign _____	Approved <input type="checkbox"/> Denied <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	
<input type="checkbox"/> GRANTED <input type="checkbox"/> 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. Plans identical to those submitted to plan check and identifying the area to be inspected shall be submitted along with this request for inspector's use.	
2. A separate request for modification shall be filed for each floor or specific area.	
FEES (DEPARTMENT USE ONLY)	
Appeal Processing Fee...(No. of Items) = 1 X \$130 + \$39/addl =	0.00
Inspection Fee(No of Insp.) = X \$ 84.00 =	0.00
Research Fee ... (Total Hours Worked) = X \$104.00 =	0.00
Subtotal.....	0.00
Development Services Center Surcharge X 3% =	0.00
Systems Development Surcharge..... X 6% =	0.00
Total Fees.....	0.00
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)

- 3. Prior to plan approval, electrical inspections are limited to one inspection trip only. Additional permits may be issued as a part of this modification request at the discretion of plan check.
4. A fee as noted in section 98.0412(c) of LAMC plus the issuing fee and applicable surcharges shall be paid prior to any inspection.
5. All changes necessary to comply with the approved plans shall be made by the responsible contractor.
6. A complete permit shall be obtained immediately after the approval of plans.
7. No Temporary Certificate of Occupancy shall be issued until the plans are approved, a complete permit obtained, and the work is inspected and approved by the Department.

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)

- 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) (Please Type or Print)

Owner's Signature(s) (Please Sign) (Two Officers' Signatures Required for Corporations)

Name of Corporation (Please Print Name of Corporation)

Dated this day of 20

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT SIGNATURE(S) MUST BE NOTARIZED

State of CALIFORNIA County of on

before me, Name, Title of Officer (e.g. Jane Doe, Notary Public) personally appeared 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

Table with 5 columns: Fee Name, Quantity, Unit, Rate, Total. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Development Services Center Surcharge, Systems Development Surcharge, and Total Fees.

Fees verified by:

Print and Sign

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