

**REQUEST FOR MODIFICATION OF BUILDING ORDINANCES**

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

|                       |              |
|-----------------------|--------------|
| <b>PERMIT APP. #:</b> | <b>DATE:</b> |
|-----------------------|--------------|

**JOB ADDRESS:**

|   |   |
|---|---|
| <b>Tract:</b>   | <b>Block:</b>   |
|   | <b>Lot:</b>   |
| <b>Owner:</b>   | <b>Petitioner:</b>                                      |
| <b>Address:</b>   | <b>Address:</b>   |
| City                      State    Zip            Phone | City                      State    Zip            Phone |

|   |                                     |
|---|-------------------------------------|
| <b>REQUEST</b> (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)   | <b>CODE SECTIONS: N.E.C. 220.87</b> |
| To obtain a permit for the addition of new loads to the existing installation that is not in immediate compliance with section 220.87 of the Electrical Code. |                                     |

**JUSTIFICATION** (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

One month demand reading in compliance with Section 220.87. Exception will be provided to plan check for review and approval prior to finalizing of the project.

Owner/Petitioner Name (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_ Position \_\_\_\_\_

**FOR CITY DEPARTMENT’S USE ONLY BELOW THIS LINE**

| Concurrences required from the following Department(s)                                       | Approved                 | Denied                   |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Los Angeles Fire Department      Print Name _____ Sign _____        | <input type="checkbox"/> | <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**

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. The applicant shall certify in writing that the demand reading will be started immediately after the permit is issued.

2. Failure to submit the reading to Electrical Plan Check within two months of the approval will delay issuance of Temporary Certificate of Occupancy.

**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        |
| <b>Total Fees .....</b>                 |   |                     | <b>=</b> | <b>0.00</b> |

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. If the demand reading affects the calculated load, the plan approval shall be considered void, and a new set of plans along with the original approved plans shall be submitted to Electrical Plan Check for approval.
4. The demand reading along with the system single line shall be reviewed, signed and stamped by a California registered professional Electrical Engineer.
5. The applicant shall provide the following information to Electrical Plan Check along with the completed demand reading: A - The point of meter reading. B - Method used in measuring demand (average or RMS). C - Meter ratio(s). D - Scale. E - Duration of reading. F - Method of meter recording. G - Indicate any down time during the reading. H - Equipment specifications.
6. The measuring equipment shall be calibrated not less than six months prior to start of reading.

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, Amount, 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)