



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:		Building Zoning
Tract:	Block:	Grading Shoring
	Lot:	Mech. Elec. Plumb.
		Green D.A. Misc.
Owner:	Petitioner:	
Address:	Address:	
City State Zip Phone	City State Zip Phone	

REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	CODE SECTIONS:
To allow a reduced (front) (side) (rear) yard of _____	ft. in lieu of _____ ft. at proposed _____
(addition to existing building) (new accessory building)	

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

Owner/Petitioner Name (Print) **(Signature)** **Position**

FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE

Review requested from the following Department Received and filed

Department of City Planning Print Name/Sign/Date _____

Comments: _____

Concurrence required from the following Department(s) Approved Denied

Los Angeles Fire Department Print Name _____ Sign _____

Other _____ Print Name _____ Sign _____

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):

See attached plot plan and justification per Information Bulletin P/ZC 2002-005 regarding yard reduction requests

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

FEES (DEPARTMENT USE ONLY)

Appeal Processing Fee.. (No. of Items) =	1X \$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 3% =	_____
Systems Development Surcharge	X 6% =	_____
Total Fees	=	_____

Fees verified by: _____

Print and Sign _____

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

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

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