REQUEST FOR MODIFICATION OF BUILDING ORDINANCES
UNDER AUTHORITY OF L.A.M.C. SECTION 98.0403

PERMIT
APP. #: DATE: For City Dept. Use Only

BUILDING ZONING GRADING SHORING

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)

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

Department of City Planning Print Name/Sign/Date ____________________________________________________________________________ Comments: __________________________

Concurrence required from the following Department(s)

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 2023-005 regarding yard reduction requests

For Cashiers Use Only

(FEES)

(DEPARTMENT USE ONLY)

Appeal Processing Fee..(No. of Items) = X $130 + $39/adddl = __________

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 __________________________

PC-Build.Mod 00 (Rev. 03/19/2023)
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CITY OF LOS ANGELES
BOARD OF BUILDING AND SAFETY/DISABLED ACCESS
COMMISSION APPEAL FORM

AFFIDAVIT – LADBS BOARD OF BUILDING AND SAFETY COMMISSIONERS – RESOLUTION NO. 832-93

I, (Print or Type Name of the Person Signing this Form) do state and swear as follows:

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) ____________________________

Owner’s Signature(s) ____________________________

Name of Corporation ____________________________

Dated this __________ day of __________________________, 20____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

SIGNATURE(S) MUST BE NOTARIZED

State of __________________________

County of __________________________

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

FEES

(DEPARTMENT USE ONLY)

Board Fee ..................(No. of Items) 1 X $130.00 = 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)

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