

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 Grading Shoring			
Tract:	Block:	Mech. Elec. Plumb.		
Tradi.	Lot:	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)				
HICTIFICATION (SUBJECTION)				
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSAR)	Y)			
Owner/Petitioner Name (Print) (Signature)	Position			
FOR CITY DEPARTMENT'S U	JSE ONLY BELOW THIS LINE			
Review requested from the following Department		Received and filed		
		Neceived and med		
Comments:				
Concurrence required from the following Department(s)		Approved Denied		
Los Angeles Fire Department Print Name	Sign			
Other Print Name	Sign_			
DEPARTMENT ACTION	a.			
Reviewed by: (Staff) (Print)	Sign	Date		
GRANTED DENIED				
Action taken by: (Supervisor) (P		Date		
NOTE: IN CASE OF DENIAL, SEE PAGE #2				
CONDITIONS OF APPROVAL (Continued on Pag	hiers Use Only WHEN FEES ARE VERIFIED)			
See attached plot plan and justification per Information Bulletin P/ZC 2023-				
005 regarding yard reduction requests				
(DEPARTMENT USE ONLY)				
FEE5				
Appeal Processing Fee (No. of Items) = X \$130 + \$39/addl =				
	= =			
,	 =			
	=			
Systems Development Surcharge X 6%	=			
Total Fees	=			
Fees verified by:				

Permit App #:	Job Address:				
CONDITIONS OF APPROVAL (Continued from Page 1)					
	CITY OF LOS ANGELES				

CITY OF LOS ANGELES BOARD OF BUILDING AND SAFETY/DISABLED ACCESS COMMISSION APPEAL FORM

(Must be At	tached	d to the Modi	fication	Request	Form, Page 1)	
AFFIDAVIT - LADBS BOARD OF BU	IILDIN	G AND SAF	ETY CO	MMISSIC	ONERS – RESOLUTION NO. 832-93	
I,	d	o state and sw	ear as foll	ows:		
(Print or Type Name of the Person Signing this Form) 1. The name and mailing address of the owne the appeal application (LADBS Com 31) are	r of the p	property (as defir			2-93) at as shown on	
2. The owner of the property as shown on the	appeal a	application will be	e made awa	are of the ap	ppeal and will receive a copy of the appeal.	
I declare under PENALTY OF PERJURY that the forg	oing is tr	rue and correct.				
Owner's Name(s)(Please Ty						
	ase Type or Print)			(Please Type or Print)		
Owner's Signature(s)(Pleas					ers' Signatures Required for Corporations)	
Name of Corporation(Please Print Name						
					(Please Type or Print)	
Dated this day of				20		
CALIFORNIA ALL-PURPOSE ACKNOW	LEDG	EMENT		SIG	NATURE(S) MUST BE NOTARIZED	
State of CALIFORNIA C	ounty o	of		on		
before me,		, persona	lly appear	ed	,	
Name, Title of Officer (e.g. Jane Do	e, Notary F	Public)		\ ia/ara auba	Name(s) of Signer(s)	
who proved to me on the basis of satisfactory evidence to the within instrument and acknowledged to me that		. ,	,	,	SCRIDEC	
authorized capacity(ies), and that by his/her/their signa					tity	
upon behalf of which the person(s) acted, executed the	e instrun	nent. I certify ur	nder PENA	LTY OF	,	
PERJURY under the laws of the State of California	that the	e foregoing is tr	ue and cor	rect.		
WITNESS my hand and official seal.				Sig	nature	
	th Disab	ilities Act, the Cit	y of Los An		not discriminate on the basis of disability and, upon request, will	
					ograms, services and activities.	
					OF BUILDING AND SAFETY	
COMMISSIO	DNER	S/DISABLEI) ACCE	SS APPE	EALS COMMISSION	
Applicant's Name					Applicant's Title	
Signature					Date	
/DED 4 DE14ENE	USE O	NLY)			For Cashiers Use Only	
ILLO		-			(PROCESS ONLY WHEN FEES ARE VERIFIED)	
Board Fee(No. of Items)						
Inspection Fee(No of Insp.) =			=			
Research Fee (Total Hours Worked) = Subtotal	Х	\$104.00	= =			
Development Services Center Surcharge	X	3%	=			
Systems Development Surcharge	X	6%	=			
Total Fees			=			
Fees verified by:						
Print and Sign						