



REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

PERMIT APP. #:		DATE:		For City Dept. Use Only Zoning					
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. Ch. 1A Sec 13B.10.1.C					
To allow a reduced (front) (side) (rear) yard of _____ ft. in lieu of _____ ft. at proposed									
(addition to existing building) (new accessory building) (existing 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			
<input type="checkbox"/>	Department of City Planning	Print Name/Sign/Date _____				<input type="checkbox"/>			
Comments: _____									
Concurrence 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"/>	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):						For Cashiers Use Only (PROCESS ONLY WHEN FEES ARE VERIFIED)			
See attached plot plan and justification per Information Bulletin P/ZC 2023-									
005 regarding yard reduction requests									
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) (Please Type or Print)

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

Name of Corporation _____
(Please Print Name of Corporation) (Please Type or Print)

Dated this _____ day of _____ 20_____

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

State of **CALIFORNIA** County of _____ on _____

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

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)