



REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

PERMIT APP. #:	DATE:	For City Dept. Use Only Plumbing
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:
To allow the termination of the required gas fired water heater temperature – pressure relief valve to terminate at:	

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

Water heaters installed prior to 9/22/96 did not require the installation of a temperature-pressure relief valve subject to the installation of a properly sized and installed pressure relieve valve on the water system. Current code and manufacturers instructions require the installation of a temperature-pressure relief valve on all water heaters and the termination of the relief valve piping to be outside the building in an approved location. The proposed termination location is confined to a location that may cause limited damage to the property but not immediate hazard to the occupants.

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. Owner/Tenant shall concur and be made familiar with this termination location, and if discharge were to occur, take immediate action to limit damage or any potential hazard. (Over).

FEES (DEPARTMENT USE ONLY)

Appeal Processing Fee.. (No. of Items) =	1	X \$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 _____

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

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

2. Point of termination shall be inspected and approved by a Department representative.

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

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, _____, 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 _____

Table with columns for Fee Name, Quantity, Unit Price, and Total. Includes rows for Board Fee, Inspection Fee, Research Fee, Subtotal, Development Services Center Surcharge, Systems Development Surcharge, and Total Fees.

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