

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:				Misc.			
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 98.0603			
To allow an extension of time until _____ in which to obtain a building permit for plans filed for checking							
on _____ under plan check number _____							
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)							
<div style="display: flex; justify-content: space-between;"> Owner/Petitioner Name (Print) _____ (Signature) _____ Position _____ </div>							
FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE							
Concurrences required from the following Department(s)							
<input type="checkbox"/>	Los Angeles Fire Department	Print Name _____	Sign _____	Date _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	
<input type="checkbox"/>	Public Works Bureau of Engineering	Print Name _____	Sign _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Department of City Planning	Print Name _____	Sign _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Department of County Health	Print Name _____	Sign _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other _____	Print Name _____	Sign _____	Date _____	<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)			
1. This extension approval is contingent upon the project being updated to comply with Current Zoning, Building and Green Building Code requirements. The plans may be required to be re-submitted, as determined by the Department, to recheck and verify compliance with the Current Code requirements. Additional plan check fees, based on the plan review and verification time, will be assessed by the Department.							
FEES (DEPARTMENT USE ONLY)							
Appeal Processing Fee ..(No. of Items) = 1 X \$130 + \$39/addl = 130.00 Inspection Fee(No of Insp.) = X \$ 84.00 = 0.00 Research Fee(Total Hours Worked) = 1 X \$104.00 = 104.00 Subtotal..... = 234.00 Development Services Center Surcharge X 3% = 7.02 Systems Development Surcharge X 6% = 14.04 Total Fees = 255.06 Fees verified by: _____ Print and Sign _____							

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

2. The approval of this extension does not waive the project from complying with the current ADA and federal accessibility requirements.
3. This extension does NOT extend to the compliance date of any Order to Comply that have been issued to this site by LADBS for Code violation.
4. This extension approval is contingent upon the owner re-obtaining required clearances for any expired agencies' approval plus any additional clearances due to new regulations.

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 foregoing 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 _____ 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)