

REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

PERMIT APP. #:	DATE:
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 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 _____	
2. To allow the permit to be issued using the 2011 LABC, Current Zoning, Disabled Access Requirements, and LA Green Code Requirements.	
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	
Owner/Petitioner Name (Print) _____	(Signature) _____
Position _____	
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 _____	Approved Denied
<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	
<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):	
1. This extension approval is contingent upon the owner submitting all plans for the proposed work to the Department to recheck and verify its compliance with the current Building, Zoning, Disabled Access (Title 24) and Green Building Code Requirements. An additional plan check fee based on plan	
FEES (DEPARTMENT USE ONLY)	
Appeal Processing Fee.. (No. of Items) = 2 X \$130 + \$39/addl =	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)

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 1. (Cont.) review and correction verification time will be assessed by the Department. The date the plans are resubmitted in compliance with this condition shall be construed as the plan check submittal date for the purpose of determining the applicability of laws, regulations, and ordinances.
2. This extension does NOT extend to the compliance date of any order to comply that any have been issued to this site by LADBS for a code violation.
3. 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 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 _____ 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 5 columns: Fee Name, Quantity, Unit, Amount, Total. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Development Services Center Surcharge, Systems Development Surcharge, and Total Fees.

Fees verified by:

Print and Sign _____

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