



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: | | | |
| | | | | | | | |
| | | | | | | | |
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| JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _____ <small>Owner/Petitioner Name (Print)</small> | | | | _____ <small>(Signature)</small> | | _____ <small>Position</small> | |
| 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"/> | Other _____ | Print Name _____ | Sign _____ | <input type="checkbox"/> | <input type="checkbox"/> | | |
| DEPARTMENT ACTION | | | | | | | |
| <input type="checkbox"/> GRANTED | | <input type="checkbox"/> DENIED | | _____ <small>Reviewed by: (Staff) (print)</small> | | _____ <small>Sign</small> | _____ <small>Date</small> |
| | | | | _____ <small>Action taken by: (Supervisor) (print)</small> | | _____ <small>Sign</small> | _____ <small>Date</small> |
| NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES | | | | | | | |
| CONDITIONS OF APPROVAL (Continued on Page 2): | | | | <div style="text-align: center;">For Cashiers Use Only</div> <div style="text-align: center;"><small>(PROCESS ONLY WHEN FEES ARE VERIFIED)</small></div> | | | |
| | | | | | | | |
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| | | | | | | | |
| FEES | | | | | | | |
| Appeal Processing Fee.. (No. of Items) = | | \$100 + \$30/addl | | = | | _____ | |
| Inspection Fee (No of Insp.) = | | X \$65.00 | | = | | _____ | |
| Research Fee ... (Total Hours Worked) = | | X \$75.00 | | = | | _____ | |
| Subtotal..... | | | | = | | _____ | |
| Surcharge | | X | | = | | _____ | |
| 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)

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

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 _____

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

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

Table with 4 columns: Fee Name, Quantity, Amount, Total. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Surcharge, and Total Fees.

Fees verified by:

Print and Sign _____

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