



# REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

<b>PERMIT APP. #:</b>	<b>DATE:</b>
<b>JOB ADDRESS:</b>	
<b>Tract:</b>	<b>Block:</b>
	<b>Lot:</b>
<b>Owner:</b>	<b>Petitioner:</b>
<b>Address:</b>	<b>Address:</b>
City                      State    Zip            Phone	City                      State    Zip            Phone
<b>REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)</b>	<b>CODE SECTIONS: L.A.M.C. 98.0603; 98.6065</b>
To allow an extension of time until _____ in which to obtain a permit for plans	
Filed for checking on _____ under Plan Check number _____	
<b>JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)</b>	
Owner/Petitioner Name (Print) _____	(Signature) _____
	Position _____
<b>FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE</b>	
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"/>
<b>DEPARTMENT ACTION</b>	
<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	Reviewed by: (Staff) (print) _____ Sign _____ Date _____
	Action taken by: (Supervisor) (print) _____ Sign _____ Date _____
<b>NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES</b>	
<b>CONDITIONS OF APPROVAL (Continued on Page 2):</b>	<b>For Cashiers Use Only</b> (PROCESS ONLY WHEN FEES ARE VERIFIED)
1. This extension does NOT extend the compliance date of any Order of Comply that may have been issued to this site by LADBS for a code violation.	
<b>FEES</b>	
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) = 2 X \$104.00 = 208.00	
Subtotal ..... = 338.00	
Surcharge (One Stop)..... X 2% = 6.76	
Surcharge (Systems Development)..... X 6% = 20.28	
Total Fees ..... = 365.04	
Fees verified by: _____	
Print and Sign _____	

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

2. Submittal of plans (Check one of the boxes below):

- Approved plans are required to be submitted to the Mechanical Plan Check Section for rechecking to verify compliance with current code requirements prior to obtaining a permit. An additional hourly plan check fee based on plan review and correction verification time will be assessed by the Department.
Approved plans are not required to be submitted to Mechanical Plan Check for rechecking.
Plans are in the plan check stage. Plans are allowed to be plan checked under the code if effect at the time of original submittal.

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)

- 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
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)

Owner's Signature(s) (Please Sign) (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 CALIFORNIA County of on

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

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 5 columns: Fee Name, Status (X), Amount, and Total. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Surcharges, and Total Fees.

Fees verified by:

Print and Sign

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