



# 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:</b>				
<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"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Public Works Bureau of Engineering	Print Name _____	Sign _____	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other _____	Print Name _____	Sign _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>DEPARTMENT ACTION</b>								
<input type="checkbox"/>	<b>GRANTED</b>	<input type="checkbox"/>	<b>DENIED</b>	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)				
<b>FEES</b>								
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 .....(SUBTOTAL)		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:

(Please Type or Print the 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 this appeal application are correct, and \_\_\_\_\_ (Please Type or Print Job Address)
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) \_\_\_\_\_ (Please Type or Print)

Owner's Signature(s) \_\_\_\_\_ (Please Sign) (Two Officers' Signatures Required for Corporations)

Name of Corporation \_\_\_\_\_ (Please Print Name of Corporation) \_\_\_\_\_ (Please Sign)

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 paragraph 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, Rate, Total. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Surcharge, Total Fees, and Fees verified by.

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