REQUEST FOR MODIFICATION OF BUILDING ORDINANCES
UNDER AUTHORITY OF L.A.M.C. SECTION 98.0403

CITY LA DBS
DEPARTMENT OF BUILDING AND SAFETY

PERMIT APP. #:	DATE:	**For City Dept. Use Only**
JOB ADDRESS:		**Building Zoning E.O.T. Grading Shoring**
Tract:	**Block:**	**Mech. Elec. Plumb.**
	Lot:	**Green D.A. Misc.**

Owner:	Petitioner:
Address:	Address:
City State Zip Phone	City State Zip Phone

REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY) | CODE SECTIONS:

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)   Approved   Denied

				Approved	Denied
☐	Los Angeles Fire Department	Print Name_____	Sign_____	☐	☐
☐	Public Works Bureau of Engineering	Print Name_____	Sign_____	☐	☐
☐	Department of City Planning	Print Name_____	Sign_____	☐	☐
☐	Department of County Health	Print Name_____	Sign_____	☐	☐
☐	Other _____	Print Name_____	Sign_____	☐	☐

DEPARTMENT ACTION

☐ GRANTED   ☐ 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)*

FEES   (DEPARTMENT USE ONLY)

Appeal Processing Fee ..(No. of Items) =	1X $130 + $39/addl	=_____
Inspection Fee ....(No of Insp.) =	X $ 84.00	=_____
Research Fee ... (Total Hours Worked) =	X $104.00	=_____
Subtotal..		=_____
Development Services Center Surcharge	X 3%	=_____
Systems Development Surcharge	X 6%	=_____
Total Fees		=_____
Fees verified by:		

Print and Sign _____

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, <u>and</u>

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) _____ (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 ___**CALIFORNIA**___ 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)**

					For Cashiers Use Only
Board Fee ....(No. of Items)	1 X	$130.00	=	0.00	*(PROCESS ONLY WHEN FEES ARE VERIFIED)*
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 _____