

## REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

PERMIT APP. #: / BUILDING ID:	DATE:	For City Dept. Use Only
JOB ADDRESS:		EBEWE-Benchmark
Tract:	Block:	EBEWE-ARCx
	Lot:	EBEWE-AROX
Owner:	Petitioner:	
Address:	Address:	
City State Zip Phone	City State	Zip Phone
Oity Ctate Zip Thoric	Only	Zip Thone
REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECE	SSARY) CODE SECTIONS:	
	complete compliance with the EBEWE R	equirement for:
Building ID:	Year:	equilibrium ion.
Email Address:		
Email Address.		
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS A	S NECESSARY)	
COCTA TO THOSE (SOBILITY ENTRE STATES TO THE STATES OF THE	o neocoonin)	
Owner/Petitioner Name (Print) (Signature)	Position	
FOR CITY DEPART	MENT'S USE ONLY BELOW THIS LINE	
Concurrences required from the following Department(s)		Approved Denied
	Sign	
Public Works Bureau of Engineering Print Name		
	Sign	
l <u>—</u>	Oigii	
Department of County Health Print Name	Sian	
	SignSign	
Department of County Health Print Name  Other Print Name	Sign Sign	
Other Print Name		
	Sign_	Date
Other Print Name  DEPARTMENT ACTION	Sign_	
DEPARTMENT ACTION  Reviewed by: (State	SignSign	
DEPARTMENT ACTION  GRANTED DENIED  Action taken by: (State of the control of the	Sign	Date Date
DEPARTMENT ACTION  GRANTED DENIED  Action taken by: (State of DENIAL, SEE	Sign  Sign  Supervisor) (Print)  Sign  PAGE #2 OF THIS FORM FOR APPEAL	Date Date PROCEDURES
DEPARTMENT ACTION  GRANTED DENIED  Action taken by: (State of the control of the	Sign  Supervisor) (Print)  Sign  PAGE #2 OF THIS FORM FOR APPEAL  and on Page 2):  Fo	Date  Date  PROCEDURES  r Cashiers Use Only
DEPARTMENT ACTION  GRANTED DENIED  Action taken by: (State of DENIAL, SEE	Sign  Supervisor) (Print)  Sign  PAGE #2 OF THIS FORM FOR APPEAL  and on Page 2):  Fo	Date Date PROCEDURES
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DEPARTMENT ACTION  GRANTED DENIED  Action taken by: (State of DENIAL, SEE CONDITIONS OF APPROVAL (Continual Continual Continua	Sign  Supervisor) (Print)  Sign  PAGE #2 OF THIS FORM FOR APPEAL  ed on Page 2):  Fo  (PROCESS)	Date  Date  PROCEDURES  r Cashiers Use Only
DEPARTMENT ACTION  GRANTED DENIED  Action taken by: (State of DENIAL, SEE CONDITIONS OF APPROVAL (Continual DENIAL)  FEES  Other Print Name Print Name  Reviewed by: (State of DENIAL)  Action taken by: (State of DENIAL)  BY THE OTHER OF DENIAL	Sign  Supervisor) (Print)  Sign  PAGE #2 OF THIS FORM FOR APPEAL  red on Page 2):  Fo  (PROCESS)	Date  Date  PROCEDURES  r Cashiers Use Only
DEPARTMENT ACTION  GRANTED DENIED  Action taken by: (State of DENIAL, SEE CONDITIONS OF APPROVAL (Continual DENIAL)  FEES  Appeal Processing Fee (No. of Items) = 1X \$130 - 10   10   10   10   10   10   10   1	Sign  Supervisor) (Print)  Sign  PAGE #2 OF THIS FORM FOR APPEAL  red on Page 2):  Fo  (PROCESS)  (PROCESS)	Date  Date  PROCEDURES  r Cashiers Use Only
DEPARTMENT ACTION  GRANTED DENIED  Action taken by: (State of DENIAL, SEE CONDITIONS OF APPROVAL (Continual DENIAL)  FEES  Appeal Processing Fee(No. of Items) = 1X \$130 - 18 Inspection Fee	Sign   Sign   Sign   Sign   Supervisor) (Print)   Sign	Date  Date  PROCEDURES  r Cashiers Use Only
DEPARTMENT ACTION  GRANTED DENIED  Action taken by: (State of DENIAL, SEE CONDITIONS OF APPROVAL (Continual DENIAL)  FEES  Appeal Processing Fee (No. of Items) = 1X \$130 - 10   10   10   10   10   10   10   1	Sign   Sign   Sign   Sign   Supervisor) (Print)   Sign	Date  Date  PROCEDURES  r Cashiers Use Only
DEPARTMENT ACTION  GRANTED DENIED  Action taken by: (\$tall	Sign   Sign   Sign   Sign   Supervisor) (Print)   Sign	Date  Date  PROCEDURES  r Cashiers Use Only
DEPARTMENT ACTION  GRANTED DENIED  Action taken by: (State of DENIAL, SEE ONDITIONS OF APPROVAL (Continual DENIAL)  FEES  Appeal Processing Fee (No. of Items) = 1X \$130 - 1	Sign   Sign   Sign   Sign   Supervisor) (Print)   Sign	Date  Date  PROCEDURES  r Cashiers Use Only
DEPARTMENT ACTION  GRANTED DENIED  Action taken by: (State of DENIAL, SEE CONDITIONS OF APPROVAL (Continual Development Services Center Surcharge X 3% Systems Development Surcharge	Sign   Sign   Sign   Sign   Supervisor) (Print)   Sign	Date  Date  PROCEDURES  r Cashiers Use Only
DEPARTMENT ACTION  GRANTED DENIED  Action taken by: (State of DENIAL, SEE ONDITIONS OF APPROVAL (Continual DENIED)  FEES  Appeal Processing Fee (No. of Items) = 1X \$130 - 18   Inspection Fee	Sign   Sign   Sign   Sign   Supervisor) (Print)   Sign	Date  Date  PROCEDURES  r Cashiers Use Only
DEPARTMENT ACTION  GRANTED DENIED  Action taken by: (State of DENIAL, SEE CONDITIONS OF APPROVAL (Continual Development Services Center Surcharge X 3% Systems Development Surcharge	Sign   Sign   Sign   Sign   Supervisor) (Print)   Sign	Date  Date  PROCEDURES  r Cashiers Use Only

Permit App #:/ Building ID:	Job Address:
CONDITIO	NS OF APPROVAL (Continued from Page 1)
	TY OF LOS ANGELES
BOARD OF BUILDI	NG AND SAFETY/DISABLED ACCESS

## **COMMISSION APPEAL FORM**

(Must be	Attached	to the Modi	fication Reques	st Form, Page 1)	
AFFIDAVIT - LADBS BOARD OF	BUILDIN	G AND SAF	ETY COMMISS	SIONERS – RESOLUTION NO. 832-93	
I,	do	o state and sw	ear as follows:		
(Print or Type Name of the Person Signing this Form)  1. The name and mailing address of the ow the appeal application (LADBS Com 31)	vner of the p		ned in the resolution	832-93) at as show	wn on
2. The owner of the property as shown on t	the appeal a	application will be	made aware of the	e appeal and will receive a copy of the appeal.	
I declare under PENALTY OF PERJURY that the form	orgoing is tr	ue and correct.			
Owner's Name(s)					
	se Type or Print)			(Please Type or Print)	
Owner's Signature(s)	N 0:\		(Two Off	ficers' Signatures Required for Corporations)	
Name of Corporation(Please Print	Name of Corpo	ration)		(Please Type or Print)	_
Dated this day of			20	)	
CALIFORNIA ALL-PURPOSE ACKNO					
				on	
·					_
Name. Title of Officer (e.g. Jane	Doe. Notary P	, personal 'ublic)	ıy appeared	Name(s) of Signer(s)	
who proved to me on the basis of satisfactory evide	ence to be th	ne person(s) who	se name(s) is/are si	subscribed	
to the within instrument and acknowledged to me the					
authorized capacity(ies), and that by his/her/their sig upon behalf of which the person(s) acted, executed	gnature(s) o	n the instrument	in person(s), or the	entity	
PERJURY under the laws of the State of Californ					
WITNESS my hand and official seal.				Signature	
				es not discriminate on the basis of disability and, upon reque s programs, services and activities.	:St, Will
•				D OF BUILDING AND SAFETY	
				PEALS COMMISSION	
Applicant's Name				Applicant's Title	
Signature				Date	
FEES (DEPARTMEN	IT USE O	NLY)		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.) =			= 0.00	<del>-</del>	
Research Fee (Total Hours Worked) =	X	\$104.00	= 0.00	<del>-</del> ∥	
Subtotal			= 0.00	<b>−</b> ∥	
Development Services Center Surcharge	Χ	3%	= 0.00	- <b> </b>	
Systems Development Surcharge	Χ	6%	= 0.00	<u> </u>	
Total Fees			=0.00	<u> </u>	
Fees verified by:					
Print and Sign					
i iiii and oign				—	