



REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

UNDER AUTHORITY OF L.A.M.C. SECTION 98.0493 | Rev. 04/15/2021

City of Los Angeles – Department of Building & Safety

REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

PERMIT APP. #:	DATE:	For City Dept. Use Only	
JOB ADDRESS:		Building	Mechanical
TRACT:	BLOCK:	Zoning	Electrical
	LOT:	Grading	Plumbing
		Shoring	Green
		D.A.	Misc.

OWNER:	PETITIONER:
ADDRESS: CITY STATE ZIP PHONE	ADDRESS: CITY STATE ZIP PHONE

REQUEST (Submit plans or additional sheets as necessary)	CODE SECTIONS: LAMC 9305.2.3
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TO ALLOW AN EXTENSION OF TIME UNTIL _____ IN WHICH TO COMPLY WITH LAMC SECTION 91.9305.2.2 (OBTAIN PERMITS FOR REHABILITATION OR DEMOLITION) FOR THE MANDATORY SOFT-STORY RETROFIT ORDINANCE (ORD. 183893 AND 184081); ORDER TO COMPLY REF # _____ | ORIGINAL ORDER TO COMPLY DATE: _____ | PHASE 2 TOLLING COMPLIANCE DATE: _____

JUSTIFICATION (Submit plans or additional sheets as necessary)

OWNER/PETITIONER NAME (PRINT)	SIGNATURE	POSITION
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FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE

Concurrencies required from the following Department(s)			Approved	Denied
<input type="checkbox"/> Los Angeles Fire Department	Print Name	Sign	<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"/> 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"/>

DEPARTMENT ACTION	Reviewed by: (Staff) (Print)	Sign	Date
	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	Action taken by: (Supervisor) (Print)	Sign

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)	1 x \$130 + \$39/addl	130.00	
Inspection Fee (No of Insp.)	x \$84.00		
Research Fee (Total Hours Worked)	1 x \$104.00	104.00	
SUBTOTAL		234.00	
Developmental Services Center Surcharge	x .03	7.02	
Systems Development Surcharge	x .06	14.04	
TOTAL FEES		255.06	
Fees verified by:			
Print & Sign:			



PERMIT APP #:	JOB ADDRESS:
CONDITIONS OF APPROVAL (Continued from Page 1)	
1. COMPLIANCE DATE FOR COMPLETING CONSTRUCTION WORK PER LAMC 91.9305.2.3 REMAINS THE SAME AS NOTED ON ORDER TO COMPLY REF # _____ 2. THIS IS A ONE TIME APPROVAL ONLY 3. OBTAIN THP AND PULL PERMIT PRIOR TO EXPIRATION OF EXTENSION OTHERWISE FINES WILL BE IMPOSED	

City of Los Angeles
BOARD OF BUILDING & SAFETY/DISABLED ACCESS COMMISSION APPEAL FORM
(Must be attached to the Modification Request Form, Page 1)

AFFIDAVIT – LADBS BOARD OF BUILDING & 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) (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 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 Name(s) of Signer(s)
(e.g. Jane Doe, Notary Public)

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 & SAFETY COMMISSIONERS/DISABLED ACCESS APPEALS COMMISSION

Applicant's Name	Applicant's Title		
Signature	Date		
FEES (DEPARTMENT USE ONLY)			
Board Fee (No. of Items)	1 x \$130	0.00	FOR CASHIERS USE ONLY (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	
Developmental Services Center Surcharge	x .03	0.00	
Systems Development Surcharge	x .06	0.00	
TOTAL FEES		0.00	
Fees verified by: Print & Sign:			