

PROCEDURE FOR PROCESSING “ERROR OR ABUSE OF DISCRETION” APPEALS OF LADBS ACTIONS TO THE BOARD OF BUILDING AND SAFETY COMMISSIONERS

This Information Bulletin provides the procedure for processing requests for Modification of Building Ordinances (Request for Modification) and, subsequently, appeals alleging error or abuse of discretion by the Los Angeles Department of Building and Safety (“LADBS”) concerning the City of Los Angeles Building Code (LABC) or other items within the powers of the Board of Building and Safety Commissioners (BBSC) as granted by LAMC 98.0403.1(b). Such appeals shall be filed in accordance with procedures outlined in LAMC Section 98.0403.2.

LADBS staff uses the following guidelines to process appeals filed under LAMC 98.0403.2:

1. PROCESSING FEES

The customer shall complete the Request for Modification Form and provide the request to the LADBS staff member along with exhibits and any pertinent information for the request. The LADBS staff member’s supervisor will determine the processing fees pursuant to LAMC Section 98.0403.2(a) and refer the customer to cashier with (3) copies. Processing fees are \$130.00 for the first item and \$39.00 for each additional item, plus \$208.00 for two (2) hours of research. For complex requests requiring more than two (2) hours of research, an additional research fee may be imposed.

Note: At satellite offices where cashiers are not available, the appellant may leave a check or money order made out to the “City of Los Angeles” for the appropriate amount. LADBS shall process the application and send a copy with receipt of payment to the appellant.

2. DETERMINATION

The LADBS Staff member’s supervisor shall make a determination to grant, grant with conditions, or deny the Request for Modification and provide said information to the customer. If dissatisfied with the supervisor’s interpretation, the customer can file an appeal under LAMC Section 98.0403.2(b).

LAMC Section 98.0403.2(b). appeals shall be submitted to the Chief Inspector, Building Civil Engineer and above in charge of the office where the determination was made. (The term “Manager” shall be used hereinafter to describe this senior staff position.)

If the Manager determines that LADBS neither erred nor abused its discretion in making the determination, and the appellant wishes formally to initiate the appeal process, the Manager shall provide the required “Supplemental Application for Appeals” Form (Appeal Form) and instruct the appellant how to complete the form.

The appellant must itemize the grounds for the appeal, along with applicable LAMC sections, on the Appeal Form. The Request for Modification Form and any evidence supporting the appeal, such as photographs and correspondence should be submitted as an attachment to the appeal form.

No additional information will be accepted by the Department after the appeal form has been submitted unless a new appeal form is filed and applicable fees are paid.

3. REVIEW OF APPEAL FORMS AND FEE FOR WRITTEN REPORT

The Manager shall review the appeal package for completeness. If the Manager determines that the form and all attachments clearly state the grounds for the appeal and cannot be approved administratively, the Manager shall complete the fees portion on page two of the Request for Modification form as outlined in LAMC Section 98.0403 (b) and refer the customer to cashiers with (3) copies. Filing fees are based on the subject of the request as set forth in Tables 4A or 4B plus \$104.00 for (1) hour of research.

4. ROUTE ORIGINAL APPEAL PACKAGE

After the fees are paid, the appellant shall return the original appeal package and a copy of the paid request for modification form to the Manager. The Manager shall ensure that the appellant's original appeal package is hand delivered to the Commission Office. The Commission staff shall log the appeal by assigning a case number, creating a case file and assigning the case to the responsible manager.

5. WRITTEN DETERMINATION

The Manager assigned to the case shall prepare a report and presentation setting forth the justifications and findings for LADBS's determination, specifically addressing the appellant's issues. The report shall be completed within 60 days from the date of the appeal's submittal and the item shall be scheduled for the next available BBSC hearing date. For complex requests, additional time may be required to complete the report.

6. NOTIFICATION OF PUBLIC HEARING

When the appeal is scheduled for a hearing before the BBSC, the Commission staff shall notify the appellant through a written notice at least ten days prior to the date of the hearing. The notice shall be given by email or U.S. mail.



REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

PERMIT APP. #:	DATE:	For City Dept. Use Only
JOB ADDRESS:		Building Zoning
Tract:	Block:	Grading Shoring
	Lot:	Mech. Elec. Plumb.
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 _____
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FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE

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

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 = _____
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 _____	

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:

(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)

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, _____, 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 _____

Table with 5 columns: Fee Name, Quantity, Unit, Amount, Total. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Development Services Center Surcharge, Systems Development Surcharge, and Total Fees.

Fees verified by: _____
Print and Sign _____

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

SUPPLEMENTAL APPLICATION FOR APPEALS

TYPE OF APPEAL:

- BUILDING CODE APPEAL
- ZONING CODE APPEAL
- INSPECTION / CODE ENFORCEMENT APPEAL

PROJECT TYPE:

- ONE OR TWO FAMILY RESIDENTIAL
- MULTI-FAMILY RESIDENTIAL
- COMMERCIAL/INDUSTRIAL

PERMIT APPLICATION:			
ADDRESS:			ZIP:
TRACT:	BLK:	LOT:	
OWNER NAME:	OWNER ADDRESS:		ZIP:

APPLICATION INFORMATION:

NAME:	ADDRESS:	ZIP:
EMAIL:	APPLICANT SIGNATURE:	DATE:

ISSUES:	VIOLATION:	CODE SECTION:
1.		
2.		
3.		

- ❖ FOR ADDITIONAL ISSUES, ATTACH TO THIS APPLICATION
- ❖ ATTACH ALL APPLICABLE EXHIBITS AND EVIDENCE TO THIS APPLICATION

SUPPLEMENTAL APPLICATION FOR APPEALS

ISSUES:	VIOLATION:	CODE SECTION:
4.		
5.		
6.		
7.		
8.		
9.		