



REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

PERMIT APP. #:	DATE:
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JOB ADDRESS:

Tract:	Block:
	Lot:
Owner:	Petitioner:
Address:	Address:
City State Zip Phone	City State Zip Phone

REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	CODE SECTIONS: L.A.M.C. 93.0206(e)
To use scale per foot smaller than 1/8 inch for the drawing(s).	

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
<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

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):**
1. Additional fees may be charged if additional time is necessary to check the plans because of a non-standard scale.
 2. The fee required by condition #1 shall be calculated at 1.15 times the basic hourly rate (\$104.00 per hour) for the time spent checking the plans in addition to the code calculated fees previously paid.

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	=	0.00
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 _____

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

3. The reduced scale layouts shall not be superimposed on architectural plans.

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) _____ (Two Officers' Signatures Required for Corporations) (Please Sign)

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(s) of Signer(s)

Name, Title of Officer (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 _____

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, Rate, Total. Includes rows for Board Fee, Inspection Fee, Research Fee, Subtotal, Development Services Center Surcharge, Systems Development Surcharge, and Total Fees.

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