

REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

PERMIT APP. #:	DATE:
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: 94.608.5	
To allow the termination of the required gas fired water heater temperature - pressure relief valve to terminate at:	
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY) Water heaters installed prior to 9/22/96 did not require the installation of a temperature - pressure relief valve subject to the installation of a properly sized and installed pressure relief valve on the water system. Current code and manufacturers instructions require the installation of a temperature - pressure relief valve on all water heaters and the termination of the relief valve piping to be outside the building in an approved location. The proposed termination location is confined to a location that may cause limited damage to the property but no immediate hazard to the occupants.	
Owner/Petitioner Name (Print) _____ (Signature) _____ Position _____	
FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE	
Concurrences required from the following Department(s)	
<input type="checkbox"/> Los Angeles Fire Department Print Name _____ Sign _____	Approved Denied <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"/>
<div style="display: flex; justify-content: space-between;"> <div> DEPARTMENT ACTION <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED </div> <div> Reviewed by: (Staff) (print) _____ Sign _____ Date _____ Action taken by: (Supervisor) (print) _____ Sign _____ Date _____ </div> </div>	
NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES	
<div style="background-color: #f2f2f2; padding: 5px; border: 1px solid black;"> CONDITIONS OF APPROVAL (Continued on Page 2): </div> <div style="border: 1px solid black; padding: 5px;"> 1. Owner/tenants shall concur, have knowledge of the termination location and take immediate action should any damage occur from discharge of temperature - pressure relief valve. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> FEES Appeal Processing Fee.. (No. of Items) = \$130 + \$39/addl = _____ Inspection Fee (No of Insp.) = X \$ 84.00 = _____ Research Fee ... (Total Hours Worked) = X \$104.00 = _____ Subtotal = _____ Surcharge X 2% = _____ Surcharge X 6% = _____ Total Fees = _____ Fees verified by: _____ Print and Sign _____ </div>	<div style="text-align: center; background-color: #f2f2f2; border: 1px solid black; padding: 5px;"> For Cashiers Use Only (PROCESS ONLY WHEN FEES ARE VERIFIED) </div>

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 foregoing 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 _____ 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

**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

Board Fee	(No. of Items)	=	_____
Inspection Fee	(No of Insp.) =	X	\$84.00 = _____
Research Fee ...	(Total Hours Worked) =	X	\$104.00 = _____
Subtotal		=	_____
Surcharge		X	2% = _____
Surcharge		X	6% = _____
Total Fees		=	_____

Fees verified by:

Print and Sign _____

For Cashiers Use Only

(PROCESS ONLY WHEN FEES ARE VERIFIED)