



# REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

<b>PERMIT APP. #:</b>	<b>DATE:</b>	
<b>JOB ADDRESS:</b>		
<b>Tract:</b>	<b>Block:</b>	
	<b>Lot:</b>	
<b>Owner:</b>	<b>Petitioner:</b>	
<b>Address:</b>	<b>Address:</b>	
City                      State    Zip            Phone	City                      State    Zip            Phone	
<b>REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)</b>	<b>CODE SECTIONS: L.A.M.C 98.0602</b>	
Extend time of the Building Permit(s) for the project located at the above address, for the purpose of completing construction.		
These permits are: (#'s)		
The project is                      % complete.		
<b>JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)</b>		
Owner/Petitioner Name (Print)	(Signature)	Position
<b>FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE</b>		
Concurrences required from the following Department(s)		
<input type="checkbox"/> Los Angeles Fire Department	Print Name _____ Sign _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
<input type="checkbox"/> Public Works Bureau of Engineering	Print Name _____ Sign _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
<input type="checkbox"/> Department of City Planning	Print Name _____ Sign _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
<input type="checkbox"/> Department of County Health	Print Name _____ Sign _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
<input type="checkbox"/> Other _____	Print Name _____ Sign _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
<b>DEPARTMENT ACTION</b>		
<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	Reviewed by: (Staff) (print) _____	Sign _____ Date _____
	Action taken by: (Supervisor) (print) _____	Sign _____ Date _____
<b>NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES</b>		
<b>CONDITIONS OF APPROVAL (Continued on Page 2):</b>		<b>For Cashiers Use Only</b> (PROCESS ONLY WHEN FEES ARE VERIFIED)
1. A supplemental permit (is) (is not) required.		
2. Work shall commence on or before _____ and		
continue in an expeditious manner to completion.		
<b>FEES</b>		
Appeal Processing Fee.. (No. of Items) =	1 X \$130 + \$39/addl =	130.00
Inspection Fee ..... (No of Insp.) =	X \$ 84.00 =	0.00
Research Fee ... (Total Hours Worked) =	2 X \$104.00 =	208.00
Subtotal .....	=	338.00
Surcharge (One Stop).....	X 2% =	6.76
Surcharge (Systems Development).....	X 6% =	20.28
Total Fees .....	=	365.04
Fees verified by:		
Print and Sign _____		

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 3. Should the project become inactive for a period of 180 days or more, the permit is subject to expiration.
4. This action shall not be construed as a waiver of the petitioner's right to file subsequent appeals, to the appropriate agencies, for relief from Disabled Access, Zoning, or Building Code issues.
5. Owner is advised that the valuation may be increased by the Department in accordance with the Department's current valuation schedule.
6. This order is not to be construed as modifying the requirements of Ordinance No. 159, 748, related to the General Plan of the City of Los Angeles.

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)

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, 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

Table with 5 columns: Fee Name, Quantity, Amount, Multiplier, Total. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Surcharges, and Total Fees.

Fees verified by:

Print and Sign \_\_\_\_\_

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