



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:		Misc.
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 98.0603	
To allow an extension of time until _____ in which to obtain a building permit for plans filed for checking on _____ under plan check number _____		
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)		
<input type="checkbox"/> Los Angeles Fire Department	Print Name _____ Sign _____ Date _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
<input type="checkbox"/> Public Works Bureau of Engineering	Print Name _____ Sign _____ Date _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Department of City Planning	Print Name _____ Sign _____ Date _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Department of County Health	Print Name _____ Sign _____ Date _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Other _____	Print Name _____ Sign _____ Date _____	<input type="checkbox"/> <input type="checkbox"/>
DEPARTMENT ACTION		
<input type="checkbox"/> GRANTED <input type="checkbox"/> 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. This extension approval is contingent upon the project being updated to comply with Correct Zoning, Building and Green Building Code requirements. The plans may be required to be re-submitted, as determined by the Department, to recheck and verify compliance with the Current Code requirements. Additional plan check fees, based on the plan review and verification time, will be assessed by the Department.
FEES (DEPARTMENT USE ONLY)
Appeal Processing Fee ..(No. of Items) = 1 X \$130 + \$39/addl = <u>130.00</u>
Inspection Fee(No of Insp.) = X \$ 84.00 = <u>0.00</u>
Research Fee(Total Hours Worked) = 1 X \$104.00 = <u>104.00</u>
Subtotal..... = <u>234.00</u>
Development Services Center Surcharge X 3% = <u>7.02</u>
Systems Development Surcharge X 6% = <u>14.04</u>
Total Fees = <u>255.06</u>
Fees verified by: _____
Print and Sign _____

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

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 2. The date the plans are resubmitted for recheck shall be construed as the plan check submittal date for the purpose of determining the applicability of Current Code (laws, regulations, and ordinances).
3. The date the plans are resubmitted for recheck shall be construed as the plan check submittal date for the purpose of determining the applicability of Current Code (laws, regulations, and ordinances). If the plans are not required to be submitted, the vesting date shall be the previous expiration date.
4. This extension approval is contingent upon the owner re-obtaining required clearances for any expired agencies' approval plus any additional clearances due to new regulations.

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) (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 County of on

before me, Name, Title of Officer (e.g. Jane Doe, Notary Public) personally appeared 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 Price, Rate, Total. Includes 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)