



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
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. 91.7103
To allow natural ventilation in lieu of the Building Code Requirements of Chapter 71 for a garage/storage constructed on a slab-on-grade with a maximum size of a three car garage and a small storage area with a maximum of 250 sf.	

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

The proposed on-grade garage/storage is for using the parking of maximum of 3 automobiles and storage.

 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 _____	Date _____	<input type="checkbox"/>	<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

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. This approval is for a maximum of three-car garage with a small storage area with a maximum of 250 square feet.

FEES (DEPARTMENT USE ONLY)

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) =	1	X \$104.00	= 104.00
Subtotal.....			= 234.00
Development Services Center Surcharge	X	3%	= 7.02
Systems Development Surcharge.....	X	6%	= 14.04
Total Fees.....			= 255.06

Fees verified by: _____

Print and Sign _____

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

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.

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 2. Openings shall be located not more than 12 inches below the bottom of ceiling or roof joist and may be covered with corrosion resistant mesh.
3. The openings shall be distributed approximately equally and located to provide cross ventilation, for example, by locating the opening along the length of at least two opposite sides of the building.
4. The opening shall be larger of:
A. Not less than 1.5 square feet for each 25 linear feet or fraction of exterior wall: or
B. 1% of the floor area.

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 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

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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 columns for Fees, Department Use Only, and Total Fees. 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)