



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:		
Tract:	Block:	Plumbing
	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. 94.701.1(2)(a)
Permission to install a non-listed onsite graywater treatment system	

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

The installation is required to allow testing of the system. During this period, the discharge from the graywater fixtures passes through the treatment and discharges to the sewer. Thus allowing a thirty party agency to periodically draw samples of water from the treatment system for testing. When the treatment system will be found in compliance with NSF 350, by the third party, the discharge from the treatment system will be diverted to be used for applications allowed by the Los Angeles Plumbing Code for recycled treated water.

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. The filtration system shall be listed to NSF/ANSI 350 within six months after the permit has been signed off.

2. If more time is required for the testing/listing, an extension of time shall be requested in writing to the Department explaining the reasons why such extension is needed. The

FEES (DEPARTMENT USE ONLY)

Appeal Processing Fee.. (No. of Items) =	1	X \$130 + \$39/addl	= _____
Inspection Fee (No of Insp.) =		X \$ 84.00	= _____
Research Fee ... (Total Hours Worked) =		X \$104.00	= _____
Subtotal			= _____
Development Services Center Surcharge	X 3%		= _____
Systems Development Surcharge	X 6%		= _____
Total Fees			= _____

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)

- Department will review the request and grant an appropriate extension of time if the reasons are found to be valid.
3. The gray water shall discharge to the sewer until the system has been listed to NSF/ANSI 350.
4. No alteration to the reclaimed water system shall be allowed before it is listed to NSF/ANSI 350.
5. After the system is listed to NSF/ANSI 350, no alteration shall be made unless plans have been approved by the Department and a plumbing permit has been secured.

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 CALIFORNIA County of on

before me, 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, Amount, Total. Includes rows for Board Fee, Inspection Fee, Research Fee, Subtotal, Development Services Center Surcharge, Systems Development Surcharge, Total Fees, and Fees verified by.

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