

PROCEDURE FOR PROCESSING “ERROR OR ABUSE OF DISCRETION” APPEALS OF LADBS ACTIONS CONCERNING ZONING ISSUES

This Information Bulletin provides the procedure for processing requests for Modification of Building Ordinances (Request for Modification) and, subsequently, appeals alleging error or abuse of discretion by the Los Angeles Department of Building and Safety (“LADBS”) concerning the City of Los Angeles Zoning Code or other land use ordinance.

Under Los Angeles Municipal Code (“LAMC”) Section 12.26K, an appeal alleging that an LADBS action concerning **the Zoning Code or other land use ordinance** constitutes **error or abuse of discretion** is directly appealable to the Director of Planning, and not to the Board of Building and Safety Commissioners. Section 12.26K requires that LADBS provide a written determination responding to the appellant’s allegations of error or abuse of discretion before referring the matter to the Director of Planning.

LADBS staff uses the following guidelines to process appeals filed under LAMC Section 12.26K:

1. PROCESSING FEES

The customer shall complete the Request for Modification Form and provide the request to the LADBS staff member along with exhibits and any pertinent information for the request. The LADBS staff member’s supervisor will determine the processing fees pursuant to LAMC Section 98.0403.2(a) and refer the customer to cashier with (3) copies. Processing fees are \$130.00 for the first item and \$39.00 for each additional item, plus \$208.00 for two (2) hours of research. For complex requests requiring more than two (2) hours of research, an additional research fee may be imposed.

Note: At satellite offices where cashiers are not available, the appellant may leave a check or money order made out to the “City of Los Angeles” for the appropriate amount. LADBS shall process the application and send a copy with receipt of payment to the appellant.

2. DETERMINATION

The LADBS Staff member’s supervisor shall make a determination to grant, grant with conditions, or deny the Request for Modification and provide said information to the customer. If dissatisfied with any of the supervisor’s Zoning Code interpretation, the customer can file an appeal under LAMC Section 12.26K.

LAMC Section 12.26K appeals shall be submitted to the Chief Inspector, Building Civil Engineer and above in charge of the office where the determination was made. (The term “Manager” shall be used hereinafter to describe this senior staff position.)

If the Manager determines that LADBS neither erred nor abused its discretion in making the determination, and the appellant wishes formally to initiate the appeal process, the Manager shall provide the required “Supplemental Application for Appeals” Form (Appeal Form) and instruct the appellant how to complete the form.

The appellant must specify the applicable LAMC interpretations they chose to appeal to City Planning and itemize the grounds for the appeal on the Appeal Form. The Request for Modification Form and any evidence supporting the appeal, such as photographs and correspondence should be submitted as an attachment to the appeal form.

No additional information will be accepted by the Department after the appeal form has been submitted unless a new appeal form is filed and applicable fees are paid.

3. REVIEW OF APPEAL FORMS AND FEE FOR WRITTEN REPORT

The Manager shall review the appeal package for completeness. If the Manager determines that the form and all attachments clearly state the grounds for the appeal and cannot be approved administratively, the Manager shall complete the LADBS Special Fees Form and determine the processing fees pursuant to LAMC Section 98.0415 (f) and refer the customer to cashier with (3) copies. The processing fee for a written report is \$208.00 for two (2) hours of staff time. For complex requests requiring more than two (2) hours for the report, an additional fee may be imposed.

4. ROUTE ORIGINAL APPEAL PACKAGE

After the report fees are paid, the appellant shall return the original and a copy to the Manager. The Manager shall ensure that the appellant’s original appeal package is hand delivered to the Commission Office. The Commission staff shall log the appeal by assigning a case number, creating a case file and assigning the case to the responsible manager.

5. WRITTEN DETERMINATION

The Manager shall assist the assigned staff member to prepare a report and presentation setting forth the justifications and findings for LADBS’s determination, specifically addressing the appellant’s issues. The report shall be completed within 60 days from the date of the appeal’s submittal. For complex requests, additional time may be required to complete the report.

6. NOTIFICATION

When the report is complete, the Commission staff shall notify the appellant of LADBS’s written determination. Notice shall be given by email or U.S. mail. The report shall advise the effective date of the written determination and the date on which the 15-day period to appeal to the Director of Planning expires. The Commission staff shall return a copy of the appeal package and report to the appellant. The original appeal package and report will be maintained in the Commission office files for two (2) years.

7. APPEAL TO THE DIRECTOR

If after reviewing the report the appellant elects to continue with the appeal process, the appellant shall file the appeal at the public counter of the Department of City Planning within the 15-day appeal period specified in the report. The appeal to planning must be accompanied by LADBS's written determination. The Department of City Planning will provide an appeal form along with the applicable fee schedule to the appellant to file an appeal.

REQUEST FOR MODIFICATION OF BUILDING ORDINANCES
UNDER AUTHORITY OF L.A.M.C. SECTION 98.0403

PERMIT APP. #:		DATE:		<u>For City Dept. Use Only</u>	
JOB ADDRESS:				Building Zoning	
				Grading Shoring	
Tract:		Block:		Mech. Elec. Plumb.	
		Lot:		Green D.A. Misc.	
Owner:		Petitioner:			
Address:		Address:			
City	State	Zip	Phone	City	State
				Zip	Phone
REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)			CODE SECTIONS:		
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)				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					
<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):				For Cashiers Use Only <i>(PROCESS ONLY WHEN FEES ARE VERIFIED)</i>	
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 _____					

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 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, 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

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. Rows include 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)

SUPPLEMENTAL APPLICATION FOR APPEALS

TYPE OF APPEAL:

- BUILDING CODE APPEAL
- ZONING CODE APPEAL
- INSPECTION / CODE ENFORCEMENT APPEAL

PROJECT TYPE:

- ONE OR TWO FAMILY RESIDENTIAL
- MULTI-FAMILY RESIDENTIAL
- COMMERCIAL/INDUSTRIAL

PERMIT APPLICATION:			
ADDRESS:			ZIP:
TRACT:	BLK:	LOT:	
OWNER NAME:	OWNER ADDRESS:		ZIP:

APPLICATION INFORMATION:

NAME:	ADDRESS:	ZIP:
EMAIL:	APPLICANT SIGNATURE:	DATE:

ISSUES:	VIOLATION:	CODE SECTION:
1.		
2.		
3.		

- ❖ FOR ADDITIONAL ISSUES, ATTACH TO THIS APPLICATION
- ❖ ATTACH ALL APPLICABLE EXHIBITS AND EVIDENCE TO THIS APPLICATION

SUPPLEMENTAL APPLICATION FOR APPEALS

ISSUES:	VIOLATION:	CODE SECTION:
4.		
5.		
6.		
7.		
8.		
9.		



**CITY OF LOS ANGELES
DEPARTMENT OF BUILDING AND SAFETY
SPECIAL FEES**

Board File #	
Council District #	
District Office	
Plan Check #	
Permit #	

JOB ADDRESS: _____
 NUMBER DIRECTION STREET NAME STREET TYPE

PROPERTY OWNER/APPLICANT:

Name: _____
 Address: _____ City: _____ Zip: _____
 Telephone: _____ Email: _____

BUREAU	TYPE	ACTIVITY
<input type="checkbox"/> Inspection <input type="checkbox"/> Engineering <input type="checkbox"/> Code Enforcement <input type="checkbox"/> Resource Mgt. <input type="checkbox"/> Commission	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<input type="checkbox"/> Building <input type="checkbox"/> Earthquake <input type="checkbox"/> Grading <input type="checkbox"/> Elevator <input type="checkbox"/> Pressure Vessel <input type="checkbox"/> Other _____ <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Heating <input type="checkbox"/> Electrical Test Lab <input type="checkbox"/> Mechanical Test Lab

PURPOSE: _____

FEE

Board Field Inspection LAMC 98.0403.2(a) _____
 Supplemental Inspections LAMC 98.0412:
 Minimum Inspection _____
 Additional Inspection _____
 Misc. Permit Inspection _____
 Special Equipment _____
 Off-Site Inspection _____
 Witnessing Performance Test _____
 Off-Hours Inspection LAMC 98.0406:
 Minimum Fee _____
 Over Min. @ \$_____/hr x ____ hrs _____
 Investigation LAMC 98.0402 _____
 Supplementary Time Charges _____
 Pre-Inspection Fee _____
 Written Report Fee _____
 Other _____

Fee Determination by: _____
 Employee I.D. #: _____
 Telephone: _____
 Date: _____
 Off-Hours Approved by: _____
Attach copy to approved OT request
 Date Inspection Requested: _____

Cashier's Use Only:

Distribution: Bureau - White
 Customer - Yellow
 Cashier - Pink

SUBTOTAL
Applicable surcharges will be added by cashier