

**REQUEST FOR MODIFICATION OF BUILDING ORDINANCES (98.0403 L.A.M.C.)**

**REQUEST FOR ALTERNATE MATERIAL OR METHOD OF CONSTRUCTION (17951d H. & S.C.)**

**REQUEST FOR HARDSHIP EXEMPTION OR EQUIVALENT FACILITATION (19957 H. & S.C.)**

For above requests, complete sections 1, 2, & 3 in duplicate by printing in ink or typing

READ BY

FILE NO. \_\_\_\_\_

**DISTRIBUTION**

Owner ..... Pl Ck.  
 Petitioner ..... Insp.  
 Fire ..... Bur.  
 Health .....

JOB ADDRESS	LOT(S) TRACT	BLK
Owner..... Address..... ..... Zip .....	District Office..... Type..... Plan Ck No..... Stories..... Zone..... Occ .....	
<b>1</b> Daytime Phone ( )..... Petitioner..... Address..... ..... Zip .....	Permit No ..... No. Units ..... Job Order No. .... F.D. .... Bureau/Division ..... D.M. .... Use of Bldg. .... C.D. .... Job Status .....	
Daytime Phone ( ).....	YARD NOTICE (COM-784) RECEIVED FROM PETITIONER POSTCARD (COM-3) NAME/ADDRESS COMPLETED BY PETITIONER SIGN NOTICE RECEIVED FROM PETITIONER	

**2** **REQUEST:** Submit plans if necessary to illustrate request. Additional sheets or data may be attached.

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Dept. Comment \_\_\_\_\_ Code Sections: L.A.M.C.--

**3** **JUSTIFICATION/FINDINGS OF EQUIVALENCY:** \_\_\_\_\_ Title 24--

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Petitioner's Signature ..... Position ..... Date...../...../..... Reviewed By ..... Date .....

**DEPARTMENT ACTION:** In accordance with Sec. 98.0403 L.A.M.C. Sec. 17951dH. & S.C. Sec. 19957 H. & S.C.

**The Request is**      **Granted (See attached letter)**      **Denied (See reverse for appeal information)**

Written concurrence from the (Fire) (Transportation) (Health) (.....) Dept. is required.  
 Request (IS) (IS NOT) in conformity with the spirit and purpose of Code Section involved.  
 Condition (DOES) (DOES NOT) provide.....  
 (EQUIVALENCY) (EQUIVALENT FACILITATION)      Department Action by      Date

Conditions Of Approval: (Reasons For Appeal in Case of Denial)	(Cashier Use Only)
	No. Of Items .....
	Fee Due .....
	Fee Verified .....

**APPEAL OF DEPARTMENT ACTION TO BOARD OF BUILDING AND SAFETY COMMISSIONERS/HANDICAPPED ACCESS APPEALS COMMISSION**  
 (Signature, Statement of reasons for appeal and filing fees are required.)  
 Signature of Owner or Applicant submitting notarized declaration (LADBS COMM-832) - Bd. Res. 832

X ..... Position ..... Date .....

**SUPPLEMENTAL INFORMATION AND/OR SKETCH OF JOB CONDITION**

**BASIS FOR APPROVAL-INFORMATION**

For the Superintendent of Building or his designated agent to approve a request for modification or a request for alternate material or method of construction he must determine that special, individual reasons exist that make compliance with the strict letter of the ordinance impractical, individual equivalency is provided for requests applicable to the State Housing Law. The resulting condition must be in conformance with the spirit and purpose of the ordinance involved. The applicant must provide sufficient information with this application to allow the above evaluation to be made.

**INFORMATION ON PROCEDURE FOR APPEAL FROM  
A DETERMINATION OR ACTION BY THE  
DEPARTMENT OF BUILDING AND SAFETY**

Appeal from the determination or action of the Superintendent of Building or his designated agency may be made to the Board of Building and Safety Commissioners. To appeal, the appellant must give special individual reasons that make compliance with the strict letter of the ordinance impractical. Appeals pertaining to State Housing Law provisions require complete evidence to substantiate that the proposed design, material, or method of construction is at least equivalent to that prescribed by the Code. State such reasons or evidence on the front of this form or on a separate attachment.

