



REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

UNDER AUTHORITY OF L.A.M.C. SECTION 98.0403

PERMIT APP. #:	DATE:
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JOB ADDRESS:

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. 705.8,705.12
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To allow a water curtain (fire sprinkler system) in-lieu of providing rated fire assemblies in openings in an exterior wall within 10ft (not permitted for less than 3ft) of a property line, center line of a street, or open space for a basement or parking level on the ground floor serving a building with no fire sprinkler system thru-out. Opening protectives are not required where the building is protected throughout by an automatic sprinkler system and the exterior openings are protected by an approved water curtain per Section 705.12.

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

Owner/Petitioner Name (Print)	(Signature)	Position
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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):

1. The maximum area of the openings at subject story level shall not exceed the values for protected openings set forth in Table 705.8.

FEES

Appeal Processing Fee.. (No. of Items) =	X \$130 + \$39/addl	=	
Inspection Fee (No of Insp.) =	X \$ 84.00	=	
Research Fee ... (Total Hours Worked) =	X \$104.00	=	
Subtotal		=	
Surcharge (One Stop).....	X 2%	=	
Surcharge (Systems Development).....	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)

- 2. Plumbing division approval is required prior to installation of sprinkler installation of sprinkler system.
3. A minimum 18-inch deep draft stop shall be provided immediately adjacent to the protected opening as required by 4-13.3.4 of division 20 of the mechanical code.

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)

Dated this day of 20

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT SIGNATURE(S) MUST BE NOTARIZED

State of CALIFORNIA County of on before me, 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

APPEAL OF DEPARTMENT ACTION TO THE BOARD OF BUILDING AND SAFETY COMMISSIONERS/DISABLED ACCESS APPEALS COMMISSION

Applicant's Name Applicant's Title
Signature Date

FEES

Table with 4 columns: Fee Name, Quantity, Amount, and Total. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Surcharges, and Total Fees.

Fees verified by:

Print and Sign

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