



REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

PERMIT APP. #:	DATE:
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 98.0602
Extend time of the Building Permit(s) for the project located at the above address, for the purpose of completing construction.	
These permits are: (#s)	
The project is % complete.	
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)	
<input type="checkbox"/> Los Angeles Fire Department Print Name _____ Sign _____	Approved Denied
<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 (PROCESS ONLY WHEN FEES ARE VERIFIED)
1. A supplemental permit (is) (is not) required.	
2. Work shall commence on or before _____ and	
continue in an expeditious manner to completion.	
FEES	
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) = 2	X \$104.00 = 208.00
Subtotal	= 338.00
Surcharge (One Stop).....	X 2% = 6.76
Surcharge (Systems Development).....	X 6% = 20.28
Total Fees	= 365.04
Fees verified by:	
Print and Sign _____	

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 3. Should the project become inactive for a period of 180 days or more, the permit is subject to expiration.
4. This action shall not be construed as a waiver of the petitioner's right to file subsequent appeals, to the appropriate agencies, for relief from Disabled Access, Zoning, or Building Code issues.
5. Owner is advised that the valuation may be increased by the Department in accordance with the Department's current valuation schedule.
6. This order is not to be construed as modifying the requirements of Ordinance No. 159, 748, related to the General Plan of the City of Los Angeles.

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, _____, 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

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 5 columns: Fee Name, Quantity, Amount, Multiplier, 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)