

## 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. 91.7011.3				
To allow existing pool to be backfilled with uncertified fill in lieu of removing existing pool shell.					
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSAR)	Y)				
Owner/Petitioner Name (Print) (Signature)	Position				
FOR CITY DEPARTMENT'S U	JSE ONLY BELOW THIS LINE				
Concurrences required from the following Department(s)	Approved Denie	ed			
Los Angeles Fire Department Print Name	Sign				
Public Works Bureau of Engineering Print Name	Sign_				
Department of City Planning Print Name	Sign				
Department of County Health					
Other Print Name	Sign				
DEPARTMENT ACTION Reviewed by: (Staff) (print)	Oine Pate				
	Sign Date				
Action taken by: (Supervisor) (p.	,				
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. An affidavit (attached) and plot plan shall be recorded acknowledging that					
differential settlement may occur and that this area will be used for					
landscape purposes only and will not be used for structural or floor slab					
support.					
FEES					
Appeal Processing Fee (No. of Items) = 1 x \$130 + \$39/addl					
Inspection Fee(No of Insp.) = X \$ 84.00	= <u>130.00</u> = <u>0.00</u>				
Inspection Fee(No of Insp.) = X \$ 84.00 Research Fee (Total Hours Worked) = 2 X \$104.00	= <u>130.00</u> = <u>0.00</u> = <u>208.00</u>				
Inspection Fee(No of Insp.) = X \$ 84.00 Research Fee (Total Hours Worked) = 2 X \$104.00 Subtotal	=				
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Inspection Fee	=				
Inspection Fee	=				

Job Address:

## CITY OF LOS ANGELES BOARD OF BUILDING AND SAFETY/DISABLED ACCESS COMMISSION APPEAL FORM

(Must be Attached to the Modification Request Form, Page 1)

	do state and swear	r as follows:		
(Print or Type Name of the Person Signing this Form  1. The name and mailing address of the of the appeal application (LADBS Com 31)	wner of the property (as defined	in the resolution 832-93)	at as shown or	
2. The owner of the property as shown on	the appeal application will be m	ade aware of the appeal a	and will receive a copy of the appeal.	
I declare under PENALTY OF PERJURY that the				
Owner's Name(s)				
		Please Type or Print  (Two Officers' Signatures Required for Corporations)		
Owner's Signature(s)				
	(Flease Sigit			
Name of Corporation(Please Print (Please Print (Plea	int Name of Corporation)		(Please Type or Print)	
Dated this day of		20		
CALIFORNIA ALL-PURPOSE ACKNO	OWLEDGEMENT	SIGNAT	URE(S) MUST BE NOTARIZED	
State of CALIFORNIA			• •	
Name Title of Officer (e.g., lar	ne Doe Notary Public)	дррсагса	Name(s) of Signer(s)	
who proved to me on the basis of satisfactory evid subscribed to the within instrument and acknowled in his/her/their authorized capacity(ies), and that by person(s), or the entity upon behalf of which the per	dence to be the person(s) whose dged to me that he/she/they exec y his/her/their signature(s) on the erson(s) acted, executed the inst	name(s) is/are cuted the same e instrument in trument. I	rance) of digitally	
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Permit App #:

Recorded at the request of	f and mail to:				
(Name)					
(Address)					
Date of Recording			SDACE AROVE T	HIS LINE FOR RECORDER'S USE	
Date of Necording	COVE	NANT AND	AGREEMENT	THIS LINE FOR RECORDER S USE	
			NCE OF BUILD		
(Pre-pi	rinted text shall not be chang	ed except when	done by an authori	zed Building and Safety emplo	yee.)
State of California.	•	f the hereinafter	legally described r	eal property located in the City	of Los Angeles,
LEGAL DESCRIPTION: _	, Page		flos Angolos Cour	nty which proporty is	
located and known as (ADI		, Records o	i Los Angeles Coul	ity, which property is	
	City of Los Angeles allowing	an existing p	oool to be backfi	lled with uncertified fill in	lieu of
				davit acknowledging that diff	
				e used for structural or floor	
				e binding upon ourselves, and	
				ased by the authority of the S that this Covenant and agreen	
required by law.	-			· ·	herit is no longer
	Owner's Name(s)	(Please type o	r print)	(Please type or prir	
SIGNATURES	Signature of Owner(s)	(r iease type o		(Please type or prir	(sign)
MUST BE	Two Officers' Signatures				
NOTARIZED	Name of Corporation				
	Dated this	day of _		20	
(STATE OF CALIFORNIA,	COUNTY OF		)		
On	before me			, pers	onally appeared
			, personally ki	nown to me (or proved to n	ne the basis of
he/she/they executed the s		ized capacity(ie	s), and that by hi	nin instrument and acknowled s/her/their signature(s) on the	
I certify under PENALTY OF	PERJURY under the laws o	f the State of Ca	alifornia that the fore	egoing paragraph is true and co	orrect.
WITNESS my hand and office	cial seal.				
Signature					
	FOF	R DEPARTMEN	T USE ONLY:		
MUST BE APPROVED BY Dept. o	of Building & Safety prior to recording			To be completed for City-owned pr	
				To be completed for City-owned pr	operty only.
APPROVED BY			Date		