

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. 94.2010.0
Request to install all the floor control valves in one location rat	her than on the floor that they serve.
·	·
ILICTICIC ATION (CURNIT PLANCE OF ADDITIONAL CUEFTS AS NECESSAD)	
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSAR)	•
It is a better design to install all the floor control valves in the s Each valve will be clearly labeled with a sign indicating the floor	•
Lacit valve will be clearly labeled with a sign indicating the noc	of controlled by the valve.
Owner/Petitioner Name (Print) (Signature)	Position
FOR CITY DEPARTMENT'S U	JSE ONLY BELOW THIS LINE
Concurrences required from the following Department(s)	Approved Denied
	·
Los Angeles Fire Department Print Name	
Public Works Bureau of Engineering Print Name	
Department of City Planning Print Name	
Department of County Health Print Name	
Other Print Name	Sign
DEPARTMENT ACTION	
Reviewed by: (Staff) (print)	Sign Date
GRANTED DENIED	
Action taken by: (Supervisor) (pr	,
NOTE: IN CASE OF DENIAL, SEE PAGE #2	OF THIS FORM FOR APPEAL PROCEDURES
CONDITIONS OF APPROVAL (Continued on Pag	Je 2): For Cashiers Use Only (PROCESS ONLY WHEN FEES ARE VERIFIED)
1. There shall be a separate valve to control each floo	or.
2. Each floor control valve shall have a sign posted in	dicating that
the floor is being controlled by the valve.	
FFFO	
FEES	120.00
Appeal Processing Fee (No. of Items) = $1 \times \$130 + \$39/\text{addl} = 1$ Inspection Fee(No of Insp.) = $1 \times \$4.00 = 1$	= <u>130.00</u> = <u>0.00</u>
Research Fee (Total Hours Worked) = 2 X \$104.00	
Subtotal:	= 338.00
Surcharge (One Stop)	
Surcharge (Systems Development) X 6%	=20.28
Total Fees	=365.04
Fees verified by:	
Print and Sign	

Permit App #:	Job Address:	
С	ONDITIONS 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)

	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
Owner's Signature(s)	(Places Sign	(Two Officers' S	signatures Required for Corporations)
	(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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