

## 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: LAMC 91.109				
To allow a stocking of merchandise or furniture move in p	prior to the issuance of the Temporary	Certificate of			
Occupancy.					
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY	Υ)				
The owner understands and agrees that the building and/		nrior to obtaining			
all final approvals and a Temporary Certificate of Occupa		prior to obtaining			
an imal approvate and a remperary continuate or cocupa	inoy or commodite or cocapanoy.				
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	Sign_				
Public Works Bureau of Engineering Print Name	Sign				
Department of City Planning Print Name					
Department of County Health  Print Name					
Other Continued on Page 3 Print Name	Sign				
Other Continued on Fage 5 Finit Name		_			
DEPARTMENT ACTION					
Reviewed by: (Staff) (Print)	Sign	Date			
GRANTED DENIED					
Action taken by: (Supervisor) (Pl	rint) Sign	Date			
NOTE: IN CASE OF DENIAL, SEE PAGE #2	OF THIS FORM FOR APPEAL PROCE	DURES			
CONDITIONS OF APPROVAL (Continued on Page 2):  For Cashiers Use Only					
<u> </u>	(PROCESS ONLY WHEN F				
See Page 3 for the list of required inspection discipline ap	pprovais				
prior to stocking.					
FEES (DEPARTMENT USE ONLY)					
Appeal Processing Fee(No. of Items) = X \$130 + \$39/addl	=				
Inspection Fee(No of Insp.) = X \$ 84.00	=				
	=				
	=				
Development Services Center Surcharge X 3% =	=				
, ,					
Total Fees Fees verified by:	=				
Print and Sign					
Trint and Oight					

Регті Арр #:	JOD Address:		
	ONDITIONS OF APPROVAL (Continued from Page 1)		
CONDITIONS OF APPROVAL (Continued from Page 1)			
SEE PAGE 3.			

## 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 - LADRS ROARD OF R	NIU DIN	C AND SAFE		SIONERS – RESOLUTION NO. 832-93	
				SIONERS - RESOLUTION NO. 832-93	
I,	do	o state and swea	r as follows:		
<ol> <li>The name and mailing address of the ow</li> </ol>	(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				
		· <del></del>	nade aware of the	appeal and will receive a copy of the appeal.	
I declare under PENALTY OF PERJURY that the fo					
Owner's Name(s)(Please					
(Please	Type or Print)			(Please Type or Print)	
Owner's Signature(s)			(Two Off	ficers' Signatures Required for Corporations)	
(Ple	ease Sign)		`	,	
Name of Corporation(Please Print 1				(Description of Dist)	
, ·		,		(Please Type or Print)	
Dated this day of			20	)	
CALIFORNIA ALL-PURPOSE ACKNOV	VI EDGI	-MENT	e	IGNATURE/S) MUST RE NOTARIZED	
-	-			on	
before me,		, personally	appeared	Name(s) of Signer(s)	
Name, Title of Officer (e.g. Jane I who proved to me on the basis of satisfactory evider	Doe, Notary F ace to be th	'ublic) ne nerson(s) whose	name(s) is/are	Name(s) of Signer(s)	
subscribed to the within instrument and acknowledge				1	
his/her/their authorized capacity(ies), and that by his	/her/their s	ignature(s) on the	nstrument in		
person(s), or the entity upon behalf of which the person					
under PENALTY OF PERJURY under the laws of	f the State	of California that	the foregoing is	true	
and correct.					
WITNESS my hand and official seal.			;	Signature	
· · · · · · · · · · · · · · · · · · ·	with Disabi	lities Act, the City		es not discriminate on the basis of disability and, upon request, wil	
				programs, services and activities.	
				D OF BUILDING AND SAFETY	
COMMISS	IONER	S/DISABLED	ACCESS AP	PEALS COMMISSION	
Applicant's Name				Applicant's Title	
Signature				Date	
FEES (DEPARTMEN	T USE O	NLY)		For Cashiers Use Only	
Board Fee(No. of Items)	X	\$354 00	=	(PROCESS ONLY WHEN FEES ARE VERIFIED)	
Inspection Fee(No of Insp.) =	X	\$84.00	=	-	
Research Fee (Total Hours Worked) =	X	\$104.00	=	-	
Subtotal			=	-	
Development Services Center Surcharge		3%	=		
Systems Development Surcharge	X	6%	=		
Total Fees			=		
Fees verified by:					
Print and Sign				_	
				II	

## CONDITIONS OF APPROVAL STOCKING OF MERCHANDISE PRIOR TO TEMPORARY CERTIFICATE OF OCCUPANCY

- 1. All required approvals from the Los Angeles Fire Department and the Los Angeles Department of Building and Safety (LADBS), Building, Electrical, Mechanical, Plumbing, Fire Sprinkler, Elevator, Pressure Vessels Inspectors shall be given to validate this approval.
- 2. Provide an approved plan showing:
  - a. A clear path of travel from the loading dock to the tenant space. All debris shall be removed immediately from the tenant space (i.e. boxes, crates, paper, etc.) and shall not be allowed to accumulate, especially at exitways.
  - b. Two (2) unobstructed paths of travel from the tenant space to the public way.

3.	All debris shall be removed immediately from the tenant space (i.e. boxes, crates, paper, etc.) and shall not be allowed to accumulate, especially at exitways.					
4.	There will be no more than personnel involved in the stocking process at any given time.					
5.	All exit pathways; i.e. aisles, corridors, doorways (including hard surfaced aisle ways), and stairways shall be maintained free and clear of all reduction in width or obstructions.					
6.	. Tenants shall have their approved EXIT signage and shall be provided with emergency lighting throughout.					
7.	. Hard hats shall be worn at all times while on construction site.					
8.	No occupancy shall be allowed prior to the issuance of a Certification of Occupancy or a Temporary Certificate of Occupancy.					
9.	A Fire Watch, acceptable to the Los Angeles Fire Department, shall be provided.					
10.	10					
l a	gree to the above Conditions of Approval.					
Ow	ner's Signature Date					

## REQUIRED INSPECTOR DISCIPLINE APPROVALS

**Print Name** 

APPROVAL	DATE	SIGNATURE
Building		
Electrical		
Mechanical		
Plumbing		
Fire Sprinkler		
Elevator		
Pressure Vessel		
Fire/Life Safety		