

REQUEST FOR MODIFICATION OF BUILDING ORDINANCES UNDER AUTHORITY OF L.A.M.C. SECTION 98.0403

PERMIT APP. #:	DATE:	For City Dont Hos Only			
JOB ADDRESS:	For City Dept. Use Only				
Tract:	Block:	Misc.			
	Lot:				
Owner:	Petitioner:	•			
Address:	Address:				
City State Zip Phone	City State	Zip Phone			
REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	S AS NECESSARY) CODE SECTIONS: L.A.M.C. 98.0602				
Extend time of the Building Permit(s) for the project located a					
construction.	tine above address, for the purp	occ or completing			
These permits are: (#'s)					
The project is % complete.					
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSAR)	×)				
OCCITION (SUBMIT FEARS OR ADDITIONAL STILL IS AS NECESSAR.	'')				
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 Dat	e			
Public Works Bureau of Engineering Print Name		e			
Department of City Planning Print Name	•	e			
Department of County Health Print Name	Sign Dat	e ∐			
Other Print Name	Sign Dat	e			
DEPARTMENT ACTION Reviewed by: (Staff) (Print)	Sign	Date			
GRANTED DENIED	O.g.	240			
	wind) Circu	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 Pag		Cashiers Use Only NLY WHEN FEES ARE VERIFIED)			
1. A supplemental permit (is) (is not) required.					
Work shall commence on or before and continue in an expeditious manner to completion. (conditions continue on page 2)					
(DEPARTMENT LISE ONLY)					
FEES					
, , , , , , , , , , , , , , , , , , , ,	= 130.00				
	= 0.00				
	= 104.00				
	= 234.00				
	= <u>7.02</u> = <u>14.04</u>				
	= <u>14.04</u> = 256.06				
Fees verified by:					
Print and Sign					

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.

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 rights 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, relate 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	BUILDIN	G AND SAF	ETY CON	MISSIC	ONERS – RESOLUTION NO. 832-93	
I,	do	state and swe	ear as follov	vs:		
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 a	application will be	made aware	of the ap	ppeal and will receive a copy of the appeal.	
I declare under PENALTY OF PERJURY that the f	orgoing is tr	ue and correct.				
Owner's Name(s)						
(Pleas	se Type or Print)			(Please Type or Print)		
Owner's Signature(s)			(Tv	(Two Officers' Signatures Required for Corporations)		
Name of Corporation(Please Prin	t Name of Como	ration)			(Please Type or Print)	
				20	, ,	
Dated this day of				20		
CALIFORNIA ALL-PURPOSE ACKNO	WLEDGI	EMENT		SIGI	NATURE(S) MUST BE NOTARIZED	
State of	_ County o	f		on		
before me,		, personall	ly appeared		Name(s) of Signer(s)	
Name, Title of Officer (e.g. Jane	Doe, Notary P	ublic)	, 	/oro oubo	Name(s) of Signer(s)	
who proved to me on the basis of satisfactory evide to the within instrument and acknowledged to me the					SCRIDEA	
authorized capacity(ies), and that by his/her/their si					tity	
upon behalf of which the person(s) acted, executed	d the instrum	ent. I certify un	der PENALT	Y OF	•	
PERJURY under the laws of the State of Califor	nia that the	foregoing is tru	ue and corre	ct.		
WITNESS my hand and official seal.				Siar	nature	
	s with Disabi	lities Act, the City	y of Los Ange		not discriminate on the basis of disability and, upon request, will	
provide reasonal	ole accommo	odation to ensure	e equal acces	s to its pro	ograms, services and activities.	
					OF BUILDING AND SAFETY	
COMMIS	SIONERS	S/DISABLED	ACCES:	S APPE	EALS COMMISSION	
Applicant's Name					Applicant's Title	
Signature					Date	
FEES (DEPARTMEN	NT USE O	NLY)			For Cashiers Use Only (PROCESS ONLY WHEN FEES ARE VERIFIED)	
Board Fee(No. of Items)	1 X	\$130.00	=	0.00	(FROOLSS ONLY WHEN'T LES ARE VERIFIED)	
Inspection Fee (No of Insp.) =	Χ	\$84.00	=	0.00		
Research Fee (Total Hours Worked) =	X	\$104.00	=	0.00		
Subtotal			=	0.00		
Development Services Center Surcharge	X	3%	=	0.00		
Systems Development Surcharge		6%	=			
Total Fees			=	0.00		
Fees verified by:						
Print and Sign						
Print and Sign						