

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 2. The approval of this extension does not waive the project from complying with the current ADA and federal accessibility requirements.
3. The date the plans are resubmitted for recheck shall be construed as the plan check submittal date for the purpose of determining the applicability of Current Code (laws, regulations, and ordinances).
4. This extension does NOT extend to the compliance date of any Order to Comply that have been issued to this site by LADBS for Code violation.
5. This extension approval is contingent upon the owner re-obtaining required clearances for any expired agencies' approval plus any additional clearances due to new regulations.

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 forgoing is true and correct.

Owner's Name(s) _____ (Please Type or Print)

Owner's Signature(s) _____ (Two Officers' Signatures Required for Corporations) (Please Sign)

Name of Corporation _____ (Please Print Name of Corporation) (Please Type or Print)

Dated this _____ day of _____ 20_____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT-----SIGNATURE(S) MUST BE NOTARIZED

State of _____ 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 _____

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.

APPEAL OF DEPARTMENT ACTION TO THE BOARD OF BUILDING AND SAFETY COMMISSIONERS/DISABLED ACCESS APPEALS COMMISSION

Applicant's Name _____ Applicant's Title _____

Signature _____ Date _____

Table with columns for Fee Name, Quantity, Unit Price, and Total. Includes Board Fee, Inspection Fee, Research Fee, Development Services Center Surcharge, and Systems Development Surcharge.

For Cashiers Use Only (PROCESS ONLY WHEN FEES ARE VERIFIED)

Fees verified by: _____

Print and Sign _____