



# REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

UNDER AUTHORITY OF L.A.M.C. SECTION 98.0403

<b>PERMIT APP. #:</b>	<b>DATE:</b>	<b>For City Dept. Use Only</b>			
<b>JOB ADDRESS:</b>		<b>Building</b>			
<b>Tract:</b>	<b>Block:</b>				
	<b>Lot:</b>				
<b>Owner:</b>	<b>Petitioner:</b>				
<b>Address:</b>	<b>Address:</b>				
City                      State    Zip            Phone	City                      State    Zip            Phone				
<b>REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)</b>	<b>CODE SECTIONS: L.A.M.C 91.104.2.6</b>				
To allow the use of	Polymer/Latex Modified				
cementitious mortars manufactured by	for patching of spalled areas.				
<b>JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)</b>					
1. Product is recommended for one-time approval by Research Division.					
2. Application of product material will follow Department's guidelines.					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Owner/Petitioner Name (Print) _____</td> <td style="width: 33%; border: none;">Signature _____</td> <td style="width: 33%; border: none;">Position _____</td> </tr> </table>			Owner/Petitioner Name (Print) _____	Signature _____	Position _____
Owner/Petitioner Name (Print) _____	Signature _____	Position _____			
<b>FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE</b>					
Concurrences required from the following Department(s)					
<input type="checkbox"/> Los Angeles Fire Department	Print Name _____ Sign _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>			
<input type="checkbox"/> Public Works Bureau of Engineering	Print Name _____ Sign _____	<input type="checkbox"/> <input type="checkbox"/>			
<input type="checkbox"/> Department of City Planning	Print Name _____ Sign _____	<input type="checkbox"/> <input type="checkbox"/>			
<input type="checkbox"/> Department of County Health	Print Name _____ Sign _____	<input type="checkbox"/> <input type="checkbox"/>			
<input type="checkbox"/> Other _____	Print Name _____ Sign _____	<input type="checkbox"/> <input type="checkbox"/>			
<b>DEPARTMENT ACTION</b>					
<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	Reviewed by: (Staff) (Print) _____	Sign _____ Date _____			
	Action taken by: (Supervisor) (Print) _____	Sign _____ Date _____			
<b>NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES</b>					
<b>CONDITIONS OF APPROVAL (Continued on Page 2):</b>		<b>For Cashiers Use Only</b> <i>(PROCESS ONLY WHEN FEES ARE VERIFIED)</i>			
1. All work shall be in accordance with the manufacturer's recommendations.					
2. Continuous Inspection by a City of Los Angeles approved concrete or masonry Deputy Inspector shall be provided during all phases of the repair.					
<b>FEES (DEPARTMENT USE ONLY)</b>					
Appeal Processing Fee.. (No. of Items) =	1 X \$130 + \$39/addl	= 130.00			
Inspection Fee ..... (No of Insp.) =	X \$ 84.00	= 0.00			
Research Fee(Total Hours Worked) =	1 X \$104.00	= 104.00			
Subtotal .....		= 234.00			
Development Services Center Surcharge	X 3%	= 7.02			
Systems Development Surcharge .....	X 6%	= 14.04			
Total Fees .....		= 255.06			
Fees verified by: _____					
Print and Sign _____					

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 3. The compressive strength of the repair mortar shall be equal or greater than the compressive strength of the material being repaired.
4. The modulus of elasticity of the repair mortar shall be roughly equal to the modulus of elasticity of the material being repaired.
5. Areas to be repaired shall be moistened prior to application of the patching mortar and shall be free of standing water.
6. Copies of the approval for Alternate Materials, these conditions, and the manufacturer's recommendations shall be on the jobsite during all repair operations.
7. Use of impact tools or other methods for preparation of the surfaces to be repaired shall be closely observed by the deputy inspector if the method of work causes any additional damage to the repair area all work shall stop and an alternate method shall be used that will not create additional distress to the repair area.

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) (Please Sign) (Two Officers' Signatures Required for Corporations)

Name of Corporation (Please Print Name of Corporation)

Dated this day of 20

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

State of County of on

before me, Name, Title of Officer (e.g. Jane Doe, Notary Public), personally appeared 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 5 columns: Fee Name, Quantity, Unit, Amount, Total. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Development Services Center Surcharge, Systems Development Surcharge, and Total Fees.

Fees verified by:

Print and Sign

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