



# 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>Building</b>
<b>JOB ADDRESS:</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	

REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	CODE SECTIONS: LABC Section 7103
To allow a new S.F.D. with raised floor and with attached garage/storage constructed on a slab-on-grade in lieu of Methane testing and compliance with Chapter 71 of the LABC.	

**JUSTIFICATION** (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

Only the garage/storage portion will be slab-on-grade. The remaining portion of the building will be raised floor.

Owner/Petitioner Name (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_ Position \_\_\_\_\_

**FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE**

Concurrences required from the following Department(s)				Approved	Denied
<input type="checkbox"/> Los Angeles Fire Department	Print Name _____	Sign _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Works Bureau of Engineering	Print Name _____	Sign _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Department of City Planning	Print Name _____	Sign _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Department of County Health	Print Name _____	Sign _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	Print Name _____	Sign _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>

**DEPARTMENT ACTION**

GRANTED     DENIED

Reviewed by: (Staff) (Print) \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Action taken by: (Supervisor) (Print) \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES**

- CONDITIONS OF APPROVAL (Continued on Page 2):**
1. Install 6-mil visquene sheet placed below the floor slab
  2. Install 2-inch thick gravel layer below the visquene
  3. Install one 4-inch diameter perforated horizontal vent pipe below the gravel layer.

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

FEES (DEPARTMENT USE ONLY)			
Appeal Processing Fee ..(No. of Items) =	1	X \$130 + \$39/addl	= <u>130.00</u>
Inspection Fee .....(No of Insp.) =		X \$ 84.00	= <u>0.00</u>
Research Fee(Total Hours Worked) =	1	X \$104.00	= <u>104.00</u>
Subtotal.....			= <u>234.00</u>
Development Services Center Surcharge	X	3%	= <u>7.02</u>
Systems Development Surcharge .....	X	6%	= <u>14.04</u>
<b>Total Fees .....</b>			<b>= <u>255.06</u></b>
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)

- 4. Install two 2-inch diameter vent risers placed vertically in the building walls connected to the both ends of the perforated horizontal vent pipe.
5. Conduit and cable seal fittings installed in conduits penetrating the floor of the addition.
6. Openings shall be located not more than 12-inches below the bottom of the ceiling joists or roof rafters and may be covered with corrosion resistant mesh.
7. The opening shall be the larger of: A. not less than 1.5 sqft. for each 25 linear feet or B. 1 percent of the floor 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 CALIFORNIA 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

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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, Rate, 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)