

REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

PERMIT APP. #:	DATE:	For City Dept. Use Only					
JOB ADDRESS:		Tor Only Dept. Ose Only					
Tract:	Block:	Mech.					
	Lot:						
Owner:	Petitioner:						
Address:	Address:						
City State Zip Phone	City State Zi	p Phone					
REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	CODE SECTIONS: L.A.M.C 98.0	603; 98.0605					
To allow an extension of time until in v	which to obtain a permit for plans						
filed for plan check on under plan check number							
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSAR	Y)						
Owner/Petitioner Name (Print) (Signature)	Position						
FOR CITY DEPARTMENT'S C	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	Sign						
Department of County Health Print Name	Sign						
Other Print Name	Sign						
DEPARTMENT ACTION Reviewed by: (Staff) (Print)	Sign	Date					
GRANTED DENIED							
Action taken by: (Supervisor) (P.	rint) Sign	Date					
NOTE: IN CASE OF DENIAL, SEE PAGE #2		OCEDURES					
,	F 0 -	shiers Use Only					
CONDITIONS OF APPROVAL (Continued on Pag	WHEN FEES ARE VERIFIED)						
1. This extension does NOT extend the compliance date of ar							
Comply that may have been issued to this site by LADBS for	a code						
violation.							
FEES (DEPARTMENT USE ONLY)							
l . '	= =						
	=						
Development Services Center Surcharge X 3%	=						
	=						
	=						
Fees verified by:							
Print and Sign							

Permit App #:	Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 2. Submittal of plans (Check one of the boxes below):
 - □ Approved plans are required to be submitted to the Mechanical Plan Check Section for rechecking to verify compliance with current code requirements prior to obtaining a permit. An additional hourly plan check fee based on plan review and correction verification time will be assessed by the Department.
 - □ Approved plans are not required to be submitted to Mechanical Plan Check for rechecking.
 - □ Plans are in the plan check stage. Plans are allowed to be plan checked under the code in effect at the time of original submittal.

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 CO	MISSION	NERS – RESOLUTION NO. 8	332-93
I,		do	state and sw	ear as follo	ws:		
(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 83 the appeal application (LADBS Com 31) are correct, <u>and</u>						93) at	as shown on
2. The owner of	of the property as shown or	n the appeal a	application will be	e made awai	e of the appe	eal and will receive a copy of the appea	al.
I declare under PENAL	TY OF PERJURY that the	forgoing is tru	ue and correct.				
Owner's Name(s)							
	(Ple	ase Type or Print)			(Please Type or Print)		
Owner's Signature(s	s)	(Please Sign)		(T	wo Officers	3' Signatures Required for Corpo	orations)
Name of Corporation		(Ficase eight)					
Name of Corporation	of Corporation (Please Print Name of Corporation)			(Please Type or Print)			
Dated this	day of				20	<u> </u>	
CALIFORNIA ALI	L-PURPOSE ACKNO	OWLEDGE	EMENT		SIGNA	ATURE(S) MUST BE NOTAR	IZED
State of CA	LIFORNIA	County o	f		on		
` <u> </u>							<u> </u>
						Name(s) of Signer(s)	,
	ne basis of satisfactory evidence and acknowledged to me					ibed	
authorized capacity(ies), and that by his/her/their s	signature(s) o	n the instrument	in person(s)	, or the entity		
	e person(s) acted, execute aws of the State of Califo						
PERSON I unider the i	aws of the State of Callic	nina ulat ule	loregoing is in	ue anu con	eci.		
WITNESS my hand an					Signat		
As a covered entity ur						t discriminate on the basis of disability a rams, services and activities.	and, upon request, will
						F BUILDING AND SAFETY	
						ALS COMMISSION	
					_		
Applicant's Name						Applicant's Title	
Signature						Date	
FEES (DEPARTMENT USE ONLY)				For Cashiers Us (PROCESS ONLY WHEN FEE			
Board Fee	(No. of Items)	1 X	\$354.00	=		(FNOCESS ONET WHEN TEE	SARE VERIFIED)
Inspection Fee	(No of Insp.) =	X	\$84.00	=			
-	tal Hours Worked) =	Χ	\$104.00	=			
				=			
•	es Center Surcharge	X	3%	=			
Systems Developme	-	Х	6%	=			
Fees verified by:				=			
i ded verilled by.							
Print and Sign							