

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

DOBADDRESS: Tract: Block: Lot: Lot	PERMIT APP. #:	DATE:	For City Dept. Use Only	
Owner: Petitioner: Address: City State Zip Phone City State Zip Phone REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY) To allow unprotected openings within 10'-0' of the floor of an exit court in an exterior wall facing an exit court less than 10'-0' in width. JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY) Sprinklers will be provided over each opening to provide equivalent protection. JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY) Sprinklers will be provided over each opening to provide equivalent protection. JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY) Sprinklers will be provided over each opening to provide equivalent protection. JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY) Sprinklers will be provided over each opening to provide equivalent protection. JUSTIFICATION (Signature) FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE Concurrences required from the following Department(s) Sign Date Department of City Planning Print Name Sign Date Department of City Planning Print Name Sign Date Department of City Planning Print Name Sign Date Department of County Health Print Name Sign Date Department of County Health Print Name Sign Date Date Department of County Health Print Name Sign Date Date Department of County Health Print Name Sign Date Date Department of County Health Print Name Sign Date Date Date Date Date Date Date Date	JOB ADDRESS:			
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Public Works Bureau of Engineering Print Name Sign Date	Concurrences required from the following Department(s)		Approved Denied	
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DEPARTMENT ACTION GRANTED DENIED GRANTED DENIED Action taken by: (Staff) (Print) Sign Date				
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Research Fee(Total Hours Worked) = 1	• • • • • • • • • • • • • • • • • • • •			
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Print and Sign	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 APPR	OVAL (Continued from Page 1)	
3. A minimum 18-inch deer	o draft stop shall be provided imr	mediately adjacent to the protected opening as required by	
	10.3 of the Los Angeles Plumbing		
	<u> </u>		
	CITY OF L	OS ANGELES	
DOADD (J J		
BUAKU		SAFETY/DISABLED ACCESS	
	COMMISSION	APPEAL FORM	
(Must be Attached to the Modification Request Form, Page 1)			
AFFIDAVIT - LADRS R	OARD OF BUILDING AND SA	FETY COMMISSIONERS – RESOLUTION NO. 832-93	
I, do state and swear as follows: (Print or Type Name of the Person Signing this Form)			
 The name and mailing a 		efined in the resolution 832-93) at as shown on	
·		be made aware of the appeal and will receive a copy of the appeal.	
I declare under PENALTY OF PER	JURY that the forgoing is true and correct		
Owner's Name(s)	(Please Type or Print)	(Please Type or Print)	
Our manda Cimmatuma(a)		· · · · · · · · · · · · · · · · · · ·	
Owner's Signature(s)	(Please Sign)	(Two Officers' Signatures Required for Corporations)	
Name of Corporation			
		(Please Type or Print)	
Dated this day of _		20	
CALIFORNIA ALL-PURPO	SE ACKNOWLEDGEMENT	SIGNATURE(S) MUST BE NOTARIZED	
State of	County of	on	
		nally appeared,	
who proved to me on the basis of sa to the within instrument and acknow authorized capacity(ies), and that by upon behalf of which the person(s) a	of Officer (e.g. Jane Doe, Notary Public) atisfactory evidence to be the person(s) w ledged to me that he/she/they executed t y his/her/their signature(s) on the instrume acted, executed the instrument. I certify t State of California that the foregoing is	hose name(s) is/are subscribed he same in his/her/their ent in person(s), or the entity under PENALTY OF	
WITNESS my hand and official sea	l.	Signature	
As a covered entity under Title II o	f the Americans with Disabilities Act, the C	City of Los Angeles does not discriminate on the basis of disability and, upon request, will	
pr	ovide reasonable accommodation to ensi	ure equal access to its programs, services and activities.	

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

Signature (DEPARTMENT USE ONLY) **FEES** Board Fee(No. of Items) 1 X \$354.00 0.00 Inspection Fee..... (No of Insp.) = Χ \$84.00 0.00 Research Fee.... (Total Hours Worked) = Χ \$104.00 0.00 Subtotal..... 0.00 Development Services Center Surcharge Χ 3% 0.00 Χ 6% Systems Development Surcharge 0.00 Total Fees 0.00 Fees verified by: Print and Sign

For Cashiers Use Only

Applicant's Title

Date

(PROCESS ONLY WHEN FEES ARE VERIFIED)

Applicant's Name