

REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

PERMIT APP. #:	DATE:	
JOB ADDRESS:		
Tract:	Block:	
	Lot:	
Owner:	Petitioner:	
Address:	Address:	
City State Zip Phone	City State Zip Phone	
State Zip Fliorie	City State Zip Friorie	
REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	CODE SECTIONS: L.A.M.C. 93.0206(b)8, 91.0907	
Permission for consideration of separate approval for fire/life safety plans from electrical plans.		
	,	
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSAR)	Y)	
Fire/Life Safety system plans(s) will be designed and submitte	ed under a separate package for approval.	
Construction area is about sq. ft.		
Owner/Petitioner Name (Print) (Signature)	Position	
	JSE ONLY BELOW THIS LINE	
TOR OIT DELARTMENT O	ONE THE ELOW THIS LIKE	
Concurrences required from the following Department(s)	Approved Denied	
Los Angeles Fire Department Print Name	Sign	
Public Works Bureau of Engineering Print Name		
	Sign	
l <u></u>	Sign	
Other Print Name_	Sign	
- Tillit Name		
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	OF THIS FORM FOR APPEAL PROCEDURES	
CONDITIONS OF APPROVAL (Continued on Page 2): For Cashiers Use Only (PROCESS ONLY WHEN FEES ARE VERIFIED)		
1. No electrical permits (for fire/life safety system conduits) shall be issued until the		
fire/life safety system plans are submitted and checked by Electrical Plan Check.		
2. No work shall be done to the fire/life safety system until the plans are approved by		
Electrical Plan Check and electrical permit is obtained.		
(DEPARTMENT USE ONLY)		
FEES		
Appeal Processing Fee(No. of Items) = 1 X \$130 + \$39/addl = 0.00		
Inspection Fee(No of Insp.) = X \$ 84.00 = 0.00		
Research Fee (Total Hours Worked) = X \$104.00 = 0.00		
Subtotal = 0.00 Development Services Center Surcharge X 3% = 0.00		
Systems Development Surcharge X 5% = 0.00 X 6% = 0.00		
	= 0.00	
Fees verified by:		
Print and Sign		

Permit App #:	Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 3. Permission is granted to submit separate fire/life safety plans and obtain separate permits for the electrical distribution system and the fire/life safety system, provided plans and specifications for the system are submitted before any work is done.
- 4. If the fees in the electrical plan check application is insufficient to cover the time to plan check, supplemental fees based on \$104.00 per hour shall be charged to cover the expenses.
- 5. The fire/life safety plan shall bear the stamp, signature, and date of a California registered professional Electrical Engineer or a licensed C-10 contractor who is duly responsible for the design and contents of the plan.
- 6. A certificate of occupancy for the building shall not be granted until the permit for the fire/life safety work is issued and the inspection is finalized.

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		
 (Print or Type Name of the Person Signing this Form) The name and mailing address of the owner of the property (as defined in the resolution 832-93) at		
2. The owner of the property as shown on the appeal application will be mad	le 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)	(Please Type or Print)	
Owner's Signature(s)(Please Sign)	_ (Two Officers' Signatures Required for Corporations)	
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)		
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 pe	rson(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		
COMMISSIONERS/DISABLED AC	CCESS AFF LALS COMMISSION	
Applicant's Name	Applicant's Title	
Applicant's Name	Applicant's Title	
Signature	Date	
FEES (DEPARTMENT USE ONLY)	For Cashiers Use Only	
Board Fee(No. of Items) 1 X \$130.00 =	(PROCESS ONLY WHEN FEES ARE VERIFIED)	
	0.00	
Research Fee (Total Hours Worked) = X \$104.00 = _		
Subtotal =	0.00	
Development Services Center Surcharge X 3% =	0.00	
Systems Development Surcharge X 6% =	0.00	
Total Fees	0.00	
Fees verified by:		
Print and Sign		