



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
REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	CODE SECTIONS: L.A.B.C. 7103
For lots in Methane Zone: to allow on-grade-additions between 500 sf & 1,000 sf for single-family-dwellings & their accessory buildings, or on-grade-addition between 100 sf & 750 sf for all other buildings to use MHMSP: Simplified Method For Small Additions (P/BC 2011-102) in lieu of methane mitigation requirements of Chapter 71 of LABC.	
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	
The proposed addition is in compliance with an equivalent methane mitigation system as stated in 91.7104.2 and the proposed addition is in the compliance with all conditions of approval as stated in this form.	
Owner/Petitioner Name (Print) _____	(Signature) _____
	Position _____
FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE	
Concurrences required from the following Department(s)	
<input type="checkbox"/> Los Angeles Fire Department Print Name _____ Sign _____	Approved Denied
<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"/>
DEPARTMENT ACTION	
<input type="checkbox"/> GRANTED <input type="checkbox"/> 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):	For Cashiers Use Only (PROCESS ONLY WHEN FEES ARE VERIFIED)
1. Install 6 mil. Visquene sheet placed below the floor slab	
2. Install 2" thick Gravel Layer below the Visquene	
FEES	
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) = 2	X \$104.00 = 208.00
Subtotal	= 338.00
Surcharge (One Stop).....	X 2% = 6.76
Surcharge (Systems Development).....	X 6% = 20.28
Total Fees	= 365.04
Fees verified by: _____	
Print and Sign _____	

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 3. Install one 4" diameter Perforated Horizontal Vent Pipe placed below Gravel Layer
4. Install two 2" diameter Vent Risers placed vertically in the building walls are connected to the two ends of the Perforated Horizontal Vent Pipe
5. Conduit and Cable Seal Fittings installed in conduits penetrating the floor of the addition, and
6. Comply with Simplified Method "C" of LADBS Information Bulletin P/BC 2008-102 titled: "Hazard Mitigation Standard Plant: Simplified Method For Small Additions."

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 foregoing 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, 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

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

Applicant's Name Applicant's Title

Signature Date

FEES

Table with 5 columns: Fee Name, Quantity, Amount, Multiplier, Total. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Surcharges, and Total Fees.

Fees verified by:

Print and Sign

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