



# REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

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

<b>PERMIT APP. #:</b>	<b>DATE:</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
<b>REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)</b>	<b>CODE SECTIONS: L.A.M.C. 98.501;98.502</b>
Request to install	
Made by	
Mode	
Prior to the approval of the City of Los Angeles Testing Laboratory.	
<b>JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)</b>	
This product has been submitted for evaluation and approval to the City of Los Angeles Mechanical Testing Laboratory under file number	
We will make any changes (including replacing all the equipment) if necessary, to comply with the recommendations of the City of Los Angeles Mechanical Testing Laboratory at no cost of the City.	
<hr/> Owner/Petitioner Name (Print) _____ (Signature) _____ Position _____	
<b>FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE</b>	
Concurrences required from the following Department(s)	
<input type="checkbox"/> Los Angeles Fire Department    Print Name _____ Sign _____	Approved <input type="checkbox"/>
<input type="checkbox"/> Public Works Bureau of Engineering    Print Name _____ Sign _____	Denied <input type="checkbox"/>
<input type="checkbox"/> Department of City Planning    Print Name _____ Sign _____	
<input type="checkbox"/> Department of County Health    Print Name _____ Sign _____	
<input type="checkbox"/> Other _____    Print Name _____ Sign _____	
<b>DEPARTMENT ACTION</b>	
<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	Reviewed by: (Staff) (print) _____ Sign _____ Date _____ Action taken by: (Supervisor) (print) _____ Sign _____ Date _____
<b>NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES</b>	
<b>CONDITIONS OF APPROVAL (Continued on Page 2):</b>	<b>For Cashiers Use Only</b> (PROCESS ONLY WHEN FEES ARE VERIFIED)
1. The equipment shall be currently submitted for approval to the City of Los Angeles Mechanical Testing Laboratory.	
(Continued on Page 2)	
<b>FEES</b>	
Appeal Processing Fee.. (No. of Items) = 1 X \$130 + \$39/addl = 130.00	
Inspection Fee ..... (No of Insp.) = 0 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)

- 2. This approval is subject to obtaining the City of LA Mechanical Test Lab's approval.
3. Any changes (including replacing all of the equipment), if necessary to comply with the City of Los Angeles Mechanical Test Lab approval, shall be made to this installation at no cost to the City prior to final acceptance.
4. All of the above conditions shall be complied with before the issuance of the Certificate of Occupancy.
5. Inspection Bureau shall be notified by the Mechanical Test Lab if the approval is not completed.

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) 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, Unit Price, Total Price, Verified Price. 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)