



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:		
Tract:	Block:	Electrical
	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.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 NECESSARY)	
Fire/Life Safety system plans(s) will be designed and submitted under a separate package for approval.	
Construction area is about _____ sq. ft.	

Owner/Petitioner Name (Print) _____	(Signature) _____	Position _____
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FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE

Concurrences required from the following Department(s)			Approved	Denied
<input type="checkbox"/> Los Angeles Fire Department	Print Name _____	Sign _____	<input type="checkbox"/>	<input type="checkbox"/>
<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	Reviewed by: (Staff) (Print) _____	Sign _____	Date _____
	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	Action taken by: (Supervisor) (Print) _____	Sign _____

NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES

CONDITIONS OF APPROVAL (Continued on Page 2):
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.

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

FEES (DEPARTMENT USE ONLY)			
Appeal Processing Fee ..(No. of Items) =	1	X \$130 + \$39/addl	= _____
Inspection Fee	(No of Insp.) =	X \$ 84.00	= _____
Research Fee ... (Total Hours Worked) =		X \$104.00	= _____
Subtotal			= _____
Development Services Center Surcharge	X	3%	= _____
Systems Development Surcharge	X	6%	= _____
Total Fees			= _____
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 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 forgoing 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

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

Applicant's Name Applicant's Title

Signature Date

Table with 5 columns: Fee Name, Quantity, Unit Price, Total Price, and Verification. Rows include Board Fee, Inspection Fee, Research Fee, Subtotal, Development Services Center Surcharge, Systems Development Surcharge, Total Fees, and Fees verified by.

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