

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:	Building		
	Lot:	<u>Januany</u>		
Owner:	Petitioner:			
Address:	Address:			
City State Zip Phone	City State Zi	p Phone		
REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)	CODE SECTIONS: L.A.M.C. 91.	1027.5		
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.	control in an oxioner man racing	arr oxit oodi t rood triair		
10 0 11 110011				
JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSAR'	V)			
Sprinklers will be provided over each opening to provide equi				
opinicis will be provided over each opening to provide equi	valent protection.			
Owner/Petitioner Name (Print) (Signature)	Position			
FOR CITY DEPARTMENT'S U	JSE ONLY BELOW THIS LINE			
Concurrences required from the following Department(s)		Approved Denied		
	Sign			
	Sign			
	-			
	Sign			
	Sign			
Other Print Name	Sign	<u> </u>		
DEPARTMENT ACTION				
Reviewed by: (Staff) (Print)	Sign	Date		
GRANTED DENIED				
Action taken by: (Supervisor) (P	Print) Sign	Date		
NOTE: IN CASE OF DENIAL, SEE PAGE #2	OF THIS FORM FOR APPEAL PR	OCEDURES		
CONDITIONS OF APPROVAL (Continued on Page		shiers Use Only		
	(PROCESS ONL)	Y WHEN FEES ARE VERIFIED)		
A water curtain sprinkler system is installed over each openii	ng on the			
inside of the building.				
FEES (DEPARTMENT USE ONLY)				
	=			
, , , , , , , , , , , , , , , , , , , ,	=			
	=			
,	=			
	=			
	=			
Total Fees	=			
Fees verified by:				
Print and Sign				

Permit App #:	Job Address:			
CONDITIONS OF APPROVAL (Continued from Page 1)				
2. Mechanical plan check approval and permit shall be obtained prior to sprinkler installation.				
3. A minimum 18-inch deep draft stop shall be provided immediately adjacent to the protected opening as required by				
Sections 2010.2 and 2010.3 of the Los Angeles Plumbing Code.				

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 SAFET	Y COMMISSIONERS - RESOLUTIO	N NO. 832-93	
l,	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				
The owner of the property as shown or	n the appeal application will be ma	ade 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)				
	ase Type or Print)	, , ,	(Please Type or Print)	
Owner's Signature(s)	(D)	(Two Officers' Signatures Required	(Two Officers' Signatures Required for Corporations)	
Name of Corporation (Please Pri	int Name of Corporation)	(Please Type or Print)		
Dated this day of			, , , , , , , , , , , , , , , , , , ,	
Dated triis day of		20		
CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENTSIGNATURE(S) MUST BE NOTARIZED				
State of	County of	on		
			_	
Name, Title of Officer (e.g. Jar	ne Doe, Notary Public)		of Signer(s)	
who proved to me on the basis of satisfactory evic to the within instrument and acknowledged to me				
authorized capacity(ies), and that by his/her/their s				
upon behalf of which the person(s) acted, execute				
PERJURY under the laws of the State of Califo	ornia that the foregoing is true a	and correct.		
WITNESS my hand and official seal.		Signature		
	ns with Disabilities Act, the City of	Los Angeles does not discriminate on the basis of	disability and, upon request, will	
provide reasona	able accommodation to ensure eq	ual access to its programs, services and activities.		
		THE BOARD OF BUILDING AND SA	AFETY	
COMMIS	SSIUNEKS/DISABLED A	ACCESS APPEALS COMMISSION		
Applicant's Name		Applicant's Title		
P.P. 15 15 15 15		PP		
Signature		Date		
FEES (DEPARTME	NT USE ONLY)	For Cash	niers Use Only	
Board Fee(No. of Items)	1 X \$354.00 =	(PROCESS ONLY W	/HEN FEES ARE VERIFIED)	
Inspection Fee(No of Insp.) =				
Research Fee (Total Hours Worked) =	X \$104.00 =	<u> </u>		
Subtotal		=		
Development Services Center Surcharge	X 3% =	=		
Systems Development Surcharge	X 6% =	<u> </u>		
Total Fees	=	·		
Fees verified by:				
Print and Sign				