

☐ REQUEST FOR MODIFICATION OF BUILDING			·	
ORDINANCES (CBC 104.10)	DISTRIB	RITION		
o'	□ Owner	OUTION		
\square REQUEST FOR ALTERNATE MATERIAL OR	☐ Petitione	5 r	U.	Pl Ck.
METHOD OF CONSTRUCTION (CBC 104.11)	☐ Fire	21	U.	Insp.
(020104,11)	☐ Health		U	Bur.
☐ REQUEST FOR HARDSHIP EXEMPTION OR EQUIVALENT FACILITATION	Ticalii	9	U .,	
For above requests, complete sections 1, 2 & 3 by printing in ink o	r tvning			
1) JOB ADDRESS	LOT (S) BLK			······································
	TRACT		DEK	
Owner	Plan Ck No		Type	
Address	Permit No	*	TypeStories	
Zip	Bureau/Division/	Plan Check	Occ.	
Daytime Phone ()	Use of Bldg.		OccNo. Units	
Day anno I none ()	Job Status			
Petitioner	☐ YARD NOTICE (COM-784) RECEIVED FROM PETITIONER			
Petitioner	☐ POSTCARD (COM-3) NAME/ADDRESS COMPLETED BY			
Address	PETITIONER			222 COMLTELED BA
Z1p	☐ SIGN NOTICE RECEIVED FROM PETITIONER			
Daytime Phone ()				
2) REQUEST: Submit plans if necessary to illustrate re	quest. Addition	al sheets or dat	a may	be attached
				ANS FILED FOR CHECKING
ON UNDER PLAN CHECK NUMBER.	WINCH TO OBTAIN)	A BUILDING PERMI	IT FOR PL	ANS FILED FOR CHECKING
			D	
Dept. Comment	Code Sections:			
3) JUSTIFICATION/FINDINGS OF EQUIVALENCE	Y: Title 24			
	71. 1100 24	·		
Petitioner's				
	_	_		Reviewed By & Date
DEPARTMENT ACTION: Position	Date			
	See attached letter)		E D	<u>u</u>
☐ Written concurrence from the (Fire) (Planning) (Health) (☐ Request (IS) (IS NOT) in conformity with the) Dep	ot. is required		
☐ Request (IS) (IS NOT) in conformity with the spirit and purpose ☐ Condition (DOES) (DOES NOT) provide	of Code Section inv	olved.		
(EQUIVALENCY) (EQUIVALENT FACILITATION)				
Department Action by		D		
Conditions of Approval:		Date		
Concurrence Signature!				
Date!				<u> </u>
oncurrence Signature!				
Date:				
Concurrence signature:				
Date:		(Ca	ashier T	Jse Only)
Concurrence signature:			-211101	outy)
Date:		No of items Processing fee		
		Total fee		
Concurrence signature:	Fees verified			
1918'	7			