



CITY OF LA PUENTE

SITE PLAN REVIEW APPLICATION

VERSION: JULY 2020

Project Address: _____

Assessor's Parcel Number(s): _____ Zoning: _____

Project Description/ Applicant Request (please provide a detailed description of your project, including all demolition, construction activities, and intended uses). If you need more room, please add a sheet of paper to the back of this application:

APPLICANT INFORMATION

Applicant's Name(s): _____

Address: _____

City / State: _____ Zip Code: _____

Phone: _____ Email: _____

PROPERTY OWNER INFORMATION

Property Owner's Name(s): _____

Address: _____

City / State: _____ Zip Code: _____

Phone: _____ Email: _____

NOTE: If the property owner is not the applicant, a signed and notarized Letter of Authorization ("LOA") shall be submitted with this application. The LOA shall contain a statement from the property owner authorizing the applicant in all matters pertaining to the application. Failure to provide this information will result in an incomplete application.

I hereby certify that the facts, statements, and information presented within this application form are true and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this application form may result in my application being delayed or not approved by the City. I hereby certify that I have read and fully understand all the information required in this application.

Applicant's Signature: _____ Date: _____

Property Owner's Signature _____ Date: _____

FILING REQUIREMENTS AND CHECKLIST:

The materials requested in this form must be provided by the applicant as part of a complete application. The application must be filed at the Development Services Department’s counter, located in City Hall. All forms are available at the counter or online. To be accepted, all plans must be folded to an 8 1/2" x 14" size or less. If you have any questions, please contact the Planning Division at (626) 855-1500.

THE FOLLOWING MATERIALS ARE REQUIRED FOR A COMPLETE APPLICATION:

- Planning Application Letter of Authorization (Signed & Notarized) – if applicable
- Two (2) Sets of 24" X 36" Architectural Plans **(No Structural or Engineering Notes and Plans)**

FULL ARCHITECTURAL SETS SHALL INCLUDE THE FOLLOWING:

- | | |
|--|---|
| <input type="checkbox"/> All Plans shall be a minimum of 1/8 scale | <input type="checkbox"/> Elevations (Existing & Proposed – Side-by-Side): |
| <input type="checkbox"/> Site Plan (Existing & Proposed – Side-by-Side): | <input type="checkbox"/> Full Elevations and Labeled (i.e. North, South, East, and West) |
| <input type="checkbox"/> Property Address | <input type="checkbox"/> Material Callout |
| <input type="checkbox"/> Designer’s Name, Phone, and Address | <input type="checkbox"/> Details of Any Architectural Features and Elements (i.e. Down Spouts, etc.) |
| <input type="checkbox"/> Property Owner’s Name, Phone, and Address | |
| <input type="checkbox"/> All Structures Square Footages (i.e. House, Garage, Sheds, etc.) | <input type="checkbox"/> Floor Plan(Existing & Proposed – Side-by-Side): |
| <input type="checkbox"/> Property Lines and Dimensions | <input type="checkbox"/> Room Dimensions and Room Type |
| <input type="checkbox"/> Setbacks for all Property Lines | <input type="checkbox"/> Window Schedule (Existing & Proposed) |
| <input type="checkbox"/> Landscaping Details | <input type="checkbox"/> Type (Casement, Sliding, Etc.)
Dimensions, Materials, and Finish |
| <input type="checkbox"/> Project Data Table (i.e. Scope of Work, Zoning, APN, Existing Building Size, Existing & Proposed: Lot Coverage Calculations, Total Non-Habitable Space) | <input type="checkbox"/> Roof Plan (Existing & Proposed – Side-by-Side): |
| | <input type="checkbox"/> Details of all Ridges, Hips, etc.,
Pitch and Slope Direction for all Roof Planes, Materials |

NOTE: At any time during the application process, staff reserves the right to require other materials, studies, or other forms of resources that help further the processing of application.

FOR OFFICE USE ONLY

Date Received Stamp



File No.: _____ Fee Paid: _____

Reviewed by: _____ Approved: Date: _____

Denied: Date: _____