

Office Only: Driveway No. _____ Fee: \$ _____ Approved By: _____ Approval Date: _____



CITY OF LA PUENTE DRIVEWAY APPLICATION

VERSION: NOVEMBER 2024

Project Address: _____

PROJECT DETAILS

Type of Project:

- New Driveway Installation
- Driveway Expansion/Modification
- Driveway Resurfacing/Restripe

Driveway Materials:

- Concrete
- Asphalt (Commercial Zones Only)
- Other (Please Specify): _____

Driveway Width: (Maximum width allowed is 27') _____ Feet

Driveway Length: _____ Feet

Does the Driveway affect or require modification to existing sidewalks, curbs, or gutters? Yes No

APPLICANT INFORMATION

Applicant's Name(s): _____

Address: _____

City / State: _____ Zip Code: _____

Phone: _____ Email: _____

PROPERTY INFORMATION

Is the Property Owner Applying for this Permit? Yes No (If No, please provide Property Owner information Below)

Property Owner Name: _____

Phone: _____ Email: _____

REQUIRED DOCUMENTATION

Site plan showing driveway location, measurements, and property lines

DECLARATION AND SIGNATURE

I, the undersigned, certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that approval of this application is subject to compliance with all applicable zoning laws, building codes, and ordinances of the City of La Puente. I also acknowledge that further permits, inspections, or modifications may be required.

Applicant's Signature: _____ Date: _____

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.