



Application for City of Bell Gardens Driveway Parking Permit

1. Name of Applicant/Resident: _____ Phone #: _____
2. Address: _____ E-mail Address: _____
3. How many units are on the property? Circle: 1 2 3 4 or more units
4. Number of off-street parking spaces at property: (include marked spaces, driveways, & garages)
5. Do you have access to off-street parking at your residence? Yes ___ No ___

If yes, explain why your garage and/or driveway does not meet your needs:

6. List vehicles at address (attach additional sheets if necessary):

MAKE	MODEL	LICENSE #

7. If you are not the owner of this property, please have the owner (or property manager) attest to their support of the application by completing below:

Name: _____ Address: _____

Phone # _____ Signature: _____

9. Provide proof of residency by either attaching a copy of a current utility bill or your California Driver's License.

10. I have read and understand the permit terms outlined on the reverse of this application. Yes ___ No ___

PERMIT TERMS (REF CITY ORD 897 section 13.20.406)

1. To be eligible for a permit, a driveway must provide access to a single-family residential property.
2. To be eligible for a permit, a driveway must be located at least 25 feet from intersections and 15 feet from fire hydrants.
3. The driveway for which the Driveway Parking Permit is issued must be designated for the exclusive use of one household.
4. Issuance of a Driveway Parking Permit does not guarantee a parking space if there is insufficient space between other legally parked vehicles.
5. Driveway Parking Permits are address and location specific. They may be transferred between vehicles registered to the same address.
6. Driveway Parking Permits do not authorize parking on a sidewalk.
7. A Driveway Parking Permit will not be issued where parking in front of such driveway would post a safety hazard, in the opinion of the City Traffic Engineer or Fire Marshall.
8. The City may revoke a Driveway Parking Permit at any time.

In submitting this application I understand and agree to the following:

The evaluation process may involve City staff entering my property for the purpose of confirming information provided and to ascertain the presence, if any, of off-street parking spaces.

Approval of this application does not constitute a permanent agreement to provide a Driveway Parking Permit. An annual renewal process is required to assure continued eligibility.

Driveway Parking Permits shall be issued by the Department of Public Works on calendar year basis, and each such Permit shall expire at midnight on December 31st. Permits may be renewed annually by mail or in person.

Applicants granted permits are required to notify the Public Works Dept. within 30 days of any changes to the information provided on the application. Failure to do so is grounds for revocation of the permit.

I understand that intentionally providing false information on this application or misuse of the Driveway Parking Permit is grounds for revocation of the permit.

I hereby affirm under penalty of perjury that the information provided on this application is complete and correct.

QUESTIONS: Contact: Public Works 562-806-7770

SIGNATURE OF APPLICANT: _____ DATE: _____

RETURN COMPLETED FORM AND ATTACHMENTS TO:

PUBLIC WORKS DEPT
8327 GARFIELD AVENUE
BELL GARDENS, CA 90201

For Office Use Only

Entered by: _____ Date: _____ Register#: _____