



GEM of the DESERT

### DRIVEWAY APPROACH PERMIT APPLICATION

**Applicant Information:**

Applicant/Owner (please print name here): \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
Number Street City State Zip Code

Address or Parcel No. of work location, if different from applicant's address above:

Number Street City State Zip Code

Date: \_\_\_/\_\_\_/\_\_\_ Applicant's Phone No: (\_\_\_\_) \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Approximate Start Date: \_\_\_/\_\_\_/\_\_\_ Approximate Completion Date: \_\_\_/\_\_\_/\_\_\_

**Contractor Information:**

Address: \_\_\_\_\_  
Number Street City State Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ Contractors License Number: \_\_\_\_\_

City Business License Number: \_\_\_\_\_

General Liability Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_  
(see back for required insurance documents)

**Request for Inspection** – Please call (760) 777-7097 before 1:30pm to request an inspection at least 24 hours prior to your requested inspection date. The Hub Counter (760) 777-7125.

*Please Note: Inspections are normally performed Monday through Friday between 8am and 4pm*

Permit No. \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

Permit Issued by: \_\_\_\_\_ Date Issued \_\_\_/\_\_\_/\_\_\_  
Signature of Administrative Authority

Work Inspected by: \_\_\_\_\_ Permit Completion Date: \_\_\_/\_\_\_/\_\_\_  
Inspector's Signature

Comments: \_\_\_\_\_

**Note: Driveway approach must be constructed per City of La Quinta [Standard #221](#)**

## **RE:Driveway / Encroachment Permits – Compliance with Insurance Requirements**

Per Engineering Bulletin #97-04 please provide proof of the insurance items and endorsement certificates below:

- General Liability – \$1M per occurrence / \$2M general aggregate
- General Liability – **Additional Insured Endorsement** (for ongoing and completed operations)
- General Liability – **Primary / Non-contributory Endorsement**
- Automobile Liability – \$1M combined single limit
- Workers' Compensation – Statutory Limits / Employer's Liability \$1M per accident or disease
- Workers' Compensation – **Waiver of Subrogation Endorsement**