



# APPLICATION FOR MISCELLANEOUS PLANNING ACTIONS

City of La Habra Planning Department  
110 East La Habra Blvd., P.O. Box 337, La Habra Ca 90633-0337  
Phone: (562) 905-9724 Fax: (562) 905-9643

Action #  
23-01

Property Owner Name <u>Hargovind Patel</u>	Name of Representative Name <u>ALIAS Conde</u>
Address <u>1072 Glen Canyon Way</u>	Address <u>1028 TYLER AVE. E. S. EL MONTE CA 91733</u>
Phone: Home (714) <u>872-0580</u>	Phone (909) <u>441-7172</u>
Work ( ) _____	Fax: ( ) _____
Fax ( ) _____	E-mail <u>abn-consignco.88@gmail.com</u>
E-mail <u>hargo.v.patel@gmail.com</u>	

Location of Property 1100 E. LA HABRA BLVD.

Legal Description of Property \_\_\_\_\_ Tract No. \_\_\_\_\_ Lot No. \_\_\_\_\_ or See Attached Legal Description

Assessors Parcel Number 298-133-20

Check One:

<input checked="" type="checkbox"/> Modification	<input type="checkbox"/> Transportation Demand Mgmt. Plan (Staff Review)
<input type="checkbox"/> Time Extension	<input type="checkbox"/> Transportation Demand Mgmt. Plan (Commission)
<input type="checkbox"/> Continuance (Applicant)	<input type="checkbox"/> Staff Research
<input type="checkbox"/> Continuance (Staff)	<input type="checkbox"/> Commission Interpretation
<input type="checkbox"/> Administrative Adjustment	<input type="checkbox"/> Other _____
<input type="checkbox"/> Lot Line Adjustment	

Explanation of Proposal:

request CUP to operate existing drive-thru

I, (We) La Habra Parco, LLC. being duly sworn, depose and say that I am (we are) the owner (s) of the property involved in this petition and that the statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my (our) knowledge.

PROPERTY OWNERS SIGNATURE [Signature]

Name: HARGOVIND PATEL

Date: 4/5/23

FOR OFFICE USE ONLY:

Application and Fee received by DAVID LOPEZ

Date 4/19/23 Amount \$ \_\_\_\_\_