Print Form

MINOR MODIFICATION TO AN APPROVED SIGN PROGRAM

Case Number _____-PSSM
(to be issued by City staff)

INSTRUCTIONS:

This application is intended to be used only for those specific modifications listed on the reverse side of this form, when Development Services has determined that a proposed modification complies with all applicable zoning regulations.

To qualify for processing as a Minor Modification, you may request no more than two of the changes on the list, and the Sign Program may not have received a Minor Modification within the previous four months. In the event that more than two changes are requested or if a Minor Modification has been processed within the previous four months, you must file a Sign Program Modification application (PSS) accompanied by the appropriate deposit.

The PSSM fee will be based on an hourly rate of $128.00 and the staff time required to complete the review. The fee will be due upon completion of the PSSM review. To apply, follow these steps:

1. Discuss your proposed modification with a staff member.
2. Obtain copies of the pages in the Sign Program that must be revised.
3. Fill out sections 1 through 5 of this form. Be sure to obtain the authorization of the property owner in section 3 below.
4. Revise the Sign Program pages, and attach three sets of the revision to the application.
5. Bring the application and attachments to the Development Assistance Center.

Staff will review your proposed modification within four working days. If you have any questions, please call the Development Assistance Center at (949) 724-6308.

SECTION 1

This is an application to modify approved Sign Program number _____ for

_____ located at _____
(Name of Development) (Street address of Development)

SECTION 2

Application Date _____ Applicant Name _____

Firm Name _____

Street Address _____ City _____

Phone _____ Applicant Signature _____

SECTION 3

PROPERTY OWNER AUTHORIZATION I am the property owner, or the authorized representative of the property owner, and I consent to the filing of this application for Sign Program Modification.

Signature _____ Phone _____

Company Name _____

Address _____

SECTION 4

TYPE OF MODIFICATION REQUESTED:

Note: This application may only be used for the following types of modifications, and only for signs that are consistent with the City of Irvine Zoning Ordinance. No more than two modifications may be requested. Requests for more than two changes will require the filing of a standard Development Case Application for a Sign Program Modification, accompanied by the appropriate deposit or fee.

___ Addition of new sign type(s). Description _____
_____
_____

___Change in quantity of permitted sign type(s). Description _____
_____
_____
__

___Change of location of an approved sign. Description _____
_____
_____
_

___Change or addition of letter style(s). Description _____
_____
_____
_

___ Change or addition of colors(s). Description _____
_____
_____
_

___Change of dimension(s) and /or sign area of approved sign types. Description _____
_____
_____
_

___Change of letter height of approved sign types. Description _____
_____
_
_____
_

___Change of illumination detail. Description _____
_____
_
_____
_

SECTION 5

LIST SIGN PROGRAM PAGES TO BE MODIFIED: _____ Attach three sets of copies of these pages to this application.

TO BE COMPLETED BY STAFF

Section 2-31 of the Zoning Ordinance authorizes the Director of Community Development to approve a Sign Program that does not require Administrative Relief from the terms of the Zoning Ordinance. Staff has determined that the findings, as required by Section 2-31 for the approval of a Sign Program, can be made in the case of your proposed modification.

The signature below, along with the City's approval stamp, constitutes approval of the requested modification. The Sign program is hereby amended, and copies of the appropriate pages with the City's approval stamp are enclosed. **Please retain these for your files.**

Signature _____ Date _____
for the Director of Community Development

Time charged: _____ hours @ $128.00. Check Number _____ in the amount of $_____ received and forwarded to Finance on _____.

cc:Development Assistance Center counter Sign Program File
CD Records: original sign program case number _____

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