COMMUNITY DEVELOPMENT
Planning & Development Services

FOR OFFICE USE ONLY
CASE #: _____ - PSSM
IFAS #: _____

MINOR MODIFICATION TO AN APPROVED SIGN PROGRAM

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 (PSSM), you may request no more than two of the changes on the list in Section 4 of this form, 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).

SUBMITTAL REQUIREMENTS

1. Provide only those pages in the existing Sign Program that you wish to revise.
2. Fill out Sections 1 through 5 of this form. Be sure to obtain property owner authorization in Section 3 below.
3. Revise the Sign Program pages and save as a PDF.
4. Complete the Developer Deposit Case Set-Up. You will receive a billing invoice for the initial deposit after submittal.
5. The application and attachments should be uploaded to the Online Portal. (https://cityofirvine.org/irvineready)

Review of the PSSM will be based on an hourly rate as detailed in the Planning and Development Services Fee Schedule. Staff will review the proposed modification within five working days of payment. If you have any questions, please call the Planning Counter at 949-724-6308 or email Planning@cityofirvine.org.

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
ADDRESS		EMAIL
CITY	ZIP	PHONE

_____ _____
APPLICANT SIGNATURE — DATE

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SECTION 3 - PROPERTY OWNER AUTHORIZATION

OWNER NAME		COMPANY NAME
ADDRESS		EMAIL
CITY	ZIP	PHONE

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

PROPERTY OWNER SIGNATURE _____ DATE _____

SECTION 4 - TYPE OF MODIFICATION REQUESTED

NOTE: You may request no more than two changes to your Sign Program. Please choose up to two from the list below. All changes must be consistent with the City of Irvine Zoning Ordinance (ZO). Requests for more than listed below will require the filing of a standard Development Case Application for a Sign Program Modification, accompanied by the appropriate deposit or fee.

CHANGES TO CRITERIA (e.g. quantity, location, letterstyle, color, sign area, letter height, **OR** illumination detail):

A. Title of Sign Type in approved Sign Program: _____

Proposed change to approved criteria: _____

B. Title of Sign Type in approved Sign Program: _____

Proposed change to approved criteria: _____

ADDITION OF NEW SIGN TYPES:

C. Title of new Sign Type: _____

ZO Sign Type#: _____

Purpose: _____

D. Title of new Sign Type: _____

ZO Sign Type#: _____

Purpose: _____

SECTION 5

LIST SIGN PROGRAM PAGES TO BE MODIFIED

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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 the 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 a copy of the appropriate pages with the City's approval stamp will be transmitted electronically. **Please retain these for your files.**

_____ _____

DIRECTOR OF COMMUNITY DEVELOPMENT DATE

cc: Development Assistance Center Sign Program File
CD Records: Original Sign Program case number _____