



**CITY OF ALISO VIEJO**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
 PLANNING SERVICES DIVISION  
 12 JOURNEY, SUITE 100  
 Aliso Viejo, CA 92656  
 Phone: (949) 425-2525

# Zoning Compliance Application for Plan Review

**FORM  
 PS-240**

**Project Information:** (check appropriate box for type of proposed project)

**Residential:**

- Addition/Remodel
- Air Conditioning Unit (Circle one: New/Replacement)
- Door and/or Windows (Circle one: New/Replacement)
- Fence/Wall
- Patio Cover/Accessory Structure
- Pool, Spa, or Pool Equipment
- Storage Sheds/Yard Buildings
- Other \_\_\_\_\_

**Non-Residential:**

- Air Conditioning Unit (Circle one: New/Replacement)
- Fence, Wall, or Retaining Wall
- Door and/or Windows (Circle one: New/Replacement)
- Exterior Architectural Modifications
- Exterior Tenant/Interior Space Improvement
- Roof-mounted Equipment/Re-Roof
- Trash Enclosure
- Other \_\_\_\_\_

**Submittal Requirements:** (please attach as necessary)

- Site Plan       Elevation       Floor Plan       Association Approval

**Project Address / Location:**

**Zoning:**

**Existing Land Use:**

- Residential
- Commercial

- Office
- Other \_\_\_\_\_

**Proposed Scope of Work:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Association Approval is required for residential exterior modifications (except for "like for like" modifications)**

The undersigned hereby certifies that he/she is the designated representative of the Owners Association authorized to ensure consistency of this project with applicable CC&R's; the project has been reviewed by the Association; and the project meets all Association requirements. A letter from the Association or a statement of non-applicability may be attached in lieu of a signature upon approval of the Planning Department.

Association Name:

Designated Representative Name:

Date:

Signature:

Telephone:



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**Property Owner:**

Name: \_\_\_\_\_ Company/Corporation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**CERTIFICATION:** *(if the Applicant is not the Property Owner)*  
 As the **Property Owner**, I hereby certify that I acknowledge, understand, and concur the filing of this application by the **Applicant** identified below. (An Authorization Letter or Contract Agreement may be attached in lieu of a Property Owner signature).

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorized Applicant:**

Name: \_\_\_\_\_ Company/Corporation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**CERTIFICATION:**  
 As the **Property Owner or Authorized Applicant** filing this request, I hereby certify that I acknowledge, understand, and concur with the following statements:

(a) I am responsible for knowing and complying with government policies and regulations applicable to the proposed development and/or permit. The City is not liable for any damages or loss resulting from the actual or alleged failure to inform the applicant of any applicable laws or regulations. City approval of a permit application, including all related plans and documents, is not a grant of approval to violate any applicable policy or regulation, nor does it constitute a waiver by the City to pursue any remedy which may be available to enforce and/or correct violations of the applicable policies and regulations.

(b) The information I have presented in this form and the accompanying materials is true and correct to the best of my knowledge. I also understand that additional data and information may be required prior to final action on this application.

(c) I acknowledge that the Planning Department will review submittals to the Building Department to ensure Zoning Compliance; and if changes are made in the Building Permit submittal that affect development standard in the Aliso Viejo Municipal Code, it may affect the status of an approved Form PS-240.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Use Only**

Review Time (in 15 minute increments): \_\_\_\_\_ Planning Fee Collected : \_\_\_\_\_ Building Permit No.: \_\_\_\_\_

**Approved By:**

Print Name:	Signature:	Date:

Notes: \_\_\_\_\_