



WATER QUALITY PERMIT APPLICATION

All Pollution Prevention Controls and Best Management Practices must be in place and maintained until the project is complete

Project Address: \_\_\_\_\_ Permit No. \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

Property Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Gate Code: \_\_\_\_\_

Contractor Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Description: \_\_\_\_\_

Water Quality Inspection Date: \_\_\_\_\_ AM = 8am-12noon  
Mon Tue Wed Thu Fri PM = 12noon-4pm

Inspection Request Line – (949) 425-2536

NO CONSTRUCTION OR DEMOLITION ACTIVITIES SHALL START PRIOR TO COMPLETING WATER QUALITY INSPECTION

Applicant Initials: \_\_\_\_\_

Information to be Completed by the Inspector  
Initial Inspection:  Pass  Fail  
Date: \_\_\_\_\_ City Inspector Name: \_\_\_\_\_