



Water Quality Permit Application Form

Permit #: _____

Building Encroachment Water Quality Only

Do not start any work until the Water Quality Inspection has been passed.
All Best Management Practices (BMPs) must be maintained until the project is complete.
Keep a copy of this permit at the jobsite.

1. Project Address: _____ Aliso Viejo, CA 92656

2. Applicant Name: _____

Applicant's Signature: _____ Date: _____

3. Property Owner Name: _____ Phone: _____

Gate Code / Clearance for Private Property: _____

4. Contractor: Name _____ Phone: _____

Contractor Address: _____ City / Zip: _____

Field Contact Name: _____ Cell Phone: _____

5. Purpose / Description: _____

6. Water Quality Inspection Date: _____ AM = 8am-12noon

Mon Tue Wed Thu Fri

PM = 12noon-4pm

Information to be Completed by the Inspector

Initial Inspection: Pass Fail

Date: _____ City Inspector Name: _____

Comments: _____

Catch Basin ID# _____

City of Aliso Viejo
Public Works Department
12 Journey Suite 100, Aliso Viejo, CA 92656
Phone: (949) 425-2530 / Fax: (949) 425-3899
Email: pworks@cityofaliso Viejo.com