CITY OF ONTARIO BUILDING DEPARTMENT
GRADING/ON SITE UTILITIES PERMIT APPLICATION

303 E, "B" Street, Ontario, CA 91764, Tel. (909) 395-2023

Date: _____ **DAB/TRACT#:_____**

Permit #: _____ _____ _____
Grading Storm Drain (if applicable) Water/Sewer (if applicable)

Site Address: _____ ( ) Mass ( ) Rough ( ) Precise ( ) Stockpile

Owner: _____ Phone No: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor: _____ Lic.#: _____ Phone No: _____

Address: _____ City: _____State: _____Zip:_____

Designer: _____Lic#:_____ Phone No: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of person _____ and phone# or e-mail address _____ to be contacted regarding plans. Your plans are routed to Planning and Engineering Departments for their review. Please contact Planning at 909-395-2036 and Engineering at 909-395-2025 directly for their plan check status.

On-Site Water: Pipe Size: _____ Length: _____ On-Site Sewer: Pipe Size: _____ Length:_____

On Site Storm Drain: Pipe Size: _____ Length: _____

CUT: _____ **FILL: _____** **TOTAL CUBIC YDS.: _____** **NET ACRES:_____**	**PROTECTIVE MEASURES:** **IRRIGATION: _____ MULCHES: _____** **WATER TRUCK: _____ CHEMICALS: _____** **VEG. COVER:: _____ OTHER _____**
GRADING METHOD: **EXCAVATION: _____** **COMPACTION: _____** **ADD SOIL: _____** **REMOVE SOIL: _____**	**PURPOSE FOR GRADING:** **INFRASTRUCTURE: _____** **LANDSCAPING: _____** **RESIDENTIAL: _____** **COMMERCIAL: _____**