

**CITY OF**

303 EAST B STREET, CIVIC CENTER ONTARIO



**ONTARIO**

CALIFORNIA 91764-4105

(909) 395-2000  
FAX (909) 395-2070

PAUL S. LEON  
MAYOR

RUBEN VALENCIA  
MAYOR PRO TEM

ALLEN D. WAPNER  
JIM W. BOWMAN  
DEBRA DORST-PORADA  
COUNCIL MEMBERS

SCOTT OCHOA  
CITY MANAGER

SHEILA MAUTZ  
CITY CLERK

JAMES R. MILHISER  
TREASURER

**RE: APPEAL APPLICATION PACKET**

Dear Applicant:

In an effort to improve customer service and insure development projects are processed as quickly as possible, the Planning Department finds it necessary to remind its clients that complete application submittals are crucial to the plan review process. In the past, accepting incomplete applications has led to errors and time delays at the end of the review process. I do not want this to happen to you.

Consequently, the Planning Department staff will only accept complete applications at time of submittal. All items listed on the enclosed *Appeal Application Form* must be provided before the Planning Department counter staff can accept your application for filing. Please review these minimum requirements prior to submitting your application, as counter staff do not have the authority to waive these requirements.

Please remember that failure to provide all of the required plans and information will result in significant time delays in the processing of your application. If you have any questions regarding the necessity of any particular item on the *Appeal Application Form*, please feel free to contact the Planning Department counter supervisor to discuss your questions.

The Planning Department looks forward to a continued efficient and professional relationship with you in the future. If you have any questions, comments, or concerns regarding this matter, please feel free to contact the Planning Department at (909) 395-2036.

Respectfully,



Cathy Wahlstrom  
Planning Director

***ATTENTION!***

The City of Ontario strives to provide you with efficient and effective service in a businesslike manner. We are committed to the principle that every interaction you have with the City must be based on honesty and integrity.

City employees are prohibited by law from soliciting or accepting money, services, or gifts of any kind in connection with the discharge of their duties.

If you are approached or are aware of any violation of this policy, please immediately contact any of the following:

Scott Ochoa, City Manager ..... (909) 395-2396 or [sochoa@ontarioca.gov](mailto:sochoa@ontarioca.gov)  
Derek Williams, Police Chief..... (909) 395-2710 or [dwilliams@ontarioca.gov](mailto:dwilliams@ontarioca.gov)  
Ethics Line.....(800) 500-0333



City of Ontario  
 Planning Department  
 303 East B Street  
 Ontario, California 91764  
 Phone: 909.395.2036  
 Fax: 909.395.2420

# Appeal Application Form

**Instructions:**

1. Pursuant to Ontario Development Code Division 2.04 (Appeals), any person having legal standing may appeal an action or decision to the Appeal Authority, including but not limited to an applicant, resident, business owner, or any person owning real property within the City, that is aggrieved by an interpretation, action, or decision made by any City agency or department, or by an Approving Authority.
2. Within 10 days following the action or decision being appealed, an appeal request must be filed with the Planning Department on an Appeal Application Form, along with the required filing fees. The appeal request must include a statement identifying the specific action or decision that is being appealed, the specific grounds for the appeal, and the relief requested from the Appeal Authority.
3. An appeal of an action or decision made by an Approving Authority following a hearing, is limited to those matters raised during the hearing and contained in an appeal statement. The Appeal Authority cannot consider any matter that was not raised during the hearing before the Approving Authority and contained in the appeal statement.
4. The Appeal Authority that will hear the appeal request is limited to taking testimony and making its decision based solely on the specific grounds specified by the appellant in the Appeal Application Form, insofar as they make an adequate claim pursuant to Ontario Development Code Section 2.04.010. When the decision of an Approving Authority is appealed, you are limited to raising only those issues you or someone else raised during the hearing before the Approving Authority and stated in the Appeal Application Form.

**GENERAL INFORMATION (PRINT OR TYPE)**

Appellant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Appellant's Representative: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*(For staff use only)*

File No(s): \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Rec'd by: \_\_\_\_\_  
 Fees Paid: \_\_\_\_\_  
 Cash     Check (# \_\_\_\_\_)  
 Credit Card  
 Receipt No.: \_\_\_\_\_

**SUBJECT OF APPEAL**

This application is hereby filed pursuant to Ontario Development Code Division 2.04 (Appeals), appealing a decision or action of the following Authority:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Department/Agency Head             | <input type="checkbox"/> Development Advisory Board       | <input type="checkbox"/> Zoning Administrator |
| <input type="checkbox"/> Historic Preservation Subcommittee | <input type="checkbox"/> Historic Preservation Commission | <input type="checkbox"/> Planning Commission  |

Project File No(s): \_\_\_\_\_ Date of Action/Decision: \_\_\_\_\_

The application being appealed requests the following (*attach additional sheets as necessary*): \_\_\_\_\_  
 \_\_\_\_\_

***Appeal Application Form***

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List the specific action(s) or decision(s) that is/are being appealed (attach additional sheets as necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPEAL STATEMENT**

Please check the box that best describes your reason(s) for the appeal:

- Abuse of discretion.
- Decision was not supported by the record.
- Abuse of discretion and decision was not supported by the record.

State the specific grounds for the appeal and the relief requested (please be specific and attach additional sheets if necessary):

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**APPEAL APPLICATION CERTIFICATION**

I, the undersigned, hereby certify that the statements and information provided in this **Appeal Application Form**, and in any attached exhibits, present the data and information required for this application to the best of my ability, and that the facts, statements and information presented are true and correct to the best of my knowledge and belief.

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

Name (print or type): \_\_\_\_\_