



**City of Ontario
Planning Department**
303 East "B" Street
Ontario, CA 91764
Phone: (909) 395-2036
Fax: (909) 395-2420

Zoning/Land Use Verification Application

GENERAL INFORMATION (print or type)

Applicant: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone No.: _____ Fax No.: _____
 Email: _____

Mail request and payment to:
**City of Ontario
 Planning Department
 303 East B Street
 Ontario, CA 91764**

Checks payable to:
City of Ontario

Preparation Fee: \$77.00

To Whom Shall the Letter Be Addressed:

Company Name/Individual: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Attention: _____
 Telephone No.: _____ Fax No.: _____
 Email: _____

Where Shall Letter Be Sent:

- Mail to the address below Fax to number below
 Pick-Up/Planning Department Counter Email below

Company Name/Individual: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Attention: _____
 Telephone No.: _____ Fax No.: _____
 Email: _____

(For Staff Use Only)

File No.: _____

Date Rec'd: _____

Date Due: _____

Rec'd by: _____

Fees Paid: _____

Receipt No.: _____

PROPERTY IDENTIFICATION (All information required below)

Address(es) of Site: _____
 Assessor's Parcel No(s).: _____
 What type of structure(s) are existing on the site? _____

 What is the current use of the site (i.e. vacant, residential, commercial, industrial)? _____

(Staff Use Only)

Existing Land Use(s): _____

General Plan Designation: _____ **Zoning:** _____