

CITY OF ONTARIO RESIDENTIAL TRACT SUBMITTAL FORM

TRACT # _____ **PHASE:** _____ **DAB #** _____ **DATE:** _____

OWNER/DEVELOPER: _____ **COMMUNITY NAME:** _____

CONTACT PERSON: _____ **PHONE#** _____

LOT#	PERMIT#	ADDRESS	PLAN #	OPTIONS	KW	#BED	#BA	Dwelling SQ. FT.	Garage SQ. FT.	Patio SQ. FT.	Porch SQ. FT.	Balcony SQ. FT.

ADDITIONAL INFORMATION

Model Permit Number(s): _____ **Associated Precise Grading Permit Number:** _____

Other Master PC#'s: _____