



CITY OF ONTARIO - FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION

415 East B Street, Ontario, CA 91764
Phone: (909) 395-2562 Fax: (909) 395-2180



Plan Review & Permit Application

Submit Plans to: Ontario City Hall, Fire Counter, 303 East B Street, Ontario, CA 91764

Project Address: [Redacted]

Intended Permit Use: [Redacted] Valuation: [Redacted]

Scope of Work: [Redacted]

Retention Fees (# per One Set): 8 1/2" x 11": [Redacted] Large Sheets: [Redacted] Expedite: Y / N

Contractor Name: [Redacted]

License #: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: [Redacted]

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business License #: \_\_\_\_\_

Worker's Comp Co: \_\_\_\_\_

Policy # \_\_\_\_\_ Expiration: \_\_\_\_\_

Designer/ Applicant/ Owner Name: \_\_\_\_\_

License # (if applicable): \_\_\_\_\_ Expiration: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: [Redacted] Phone #: [Redacted]

Email Address: [Redacted]

Occupant: \_\_\_\_\_ Phone #: \_\_\_\_\_

[Redacted] = Repeat Customer