

Applicant/Property Owner Acknowledgement Form

303 East B Street, Ontario, California 91764 Phone: 909.395.2036 / Fax: 909.395.2420

PROJECT INFORMATION		5 0/ ((// 0 /
Project Name:		For Staff Use Only
Project Location:		File No.:
Assessor's Parcel Number:		Related Files:
		Submitted Data
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TYPE OF REVIEW REQUESTED (Check all the	at apply)	
□ Administrative Use Permit □ Downtown Mixed Use □ Boarding House □ Massage Establishment □ Reverse Vending Machine □ Temporary Use Permit □ Urban Agriculture Permit □ Urban Agriculture Permit □ Related Files): □ Billboard Location Agreement □ CC&R Review □ Conditional Use Permit □ Development Agreement/Amendment □ Development Code Amendment □ Development Plan	 □ DIF Credit Agreement/Amendment □ DIF Deferral Agreement □ Extension of Legal Nonconforming Status □ General Plan Amendment □ Historic Preservation □ Add to/Remove from Eligibility List □ Certificate of Appropriateness □ Demolition □ Economic Hardship □ Landmark/Historic District Designation □ Mills Act Contract □ Plaque Order Form □ Land Use Determination □ Planned Unit Development/Amendment □ Preliminary Review 	□ Short Term Rental Permit □ Sign Plan □ Sign Program □ Specific Plan/Amendment □ Temporary Sign Permit □ Tentative Parcel/Tract Map □ Time Extension (Related Files): □ Variance □ Williamson Act Contract – Nonrenewal/Cancellation □ Zone Change □ Zoning/Land Use Verification □ Other:
APPLICANT ACKNOWLEDGEMENT		
	I am the applicant in the foregoing appeof, and state that the same is true and c	
from any claim, action or proceeding a void, or annul any approval by the City board or officer, as it pertains to this app	demnify, and hold harmless the City of Ont gainst the City of Ontario or its agents, of of Ontario, whether by its City Council, P olication. The City of Ontario shall promptl ntario shall cooperate fully in the defense.	ficers or employees, to attack, set aside, Planning Commission, or other authorized
Date:	Signature:	
	Name (print or type):	
DOODED OWNER / OFFICER A CYNICINIE	O FLATAUT	
PROPERTY OWNER / OFFICER ACKNOWLED	DGEMENI	
	and state that I am the owner , office ing application, and that I know the contry knowledge and belief.	
Date:	Signature:	
	Name (print or type):	
	Phone:Emc	sil: