

Applicant/Property Owner Acknowledgement Form

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

PROJECT INFORMATION		For Staff Use Only
Project Name:		File No.:
Project Location:		Related Files:
Assessor's Parcel Number:		
Applicant's Name:		Submittal Date:
Applicant's Address:		Rec'd By:
Phone:En	nail:	Fees Paid Date:
TYPE OF REVIEW REQUESTED (Check all the	at apply)	
☐ Administrative Use Permit	☐ DIF Credit Agreement/Amendment	□ Short Term Rental
 ☐ Massage Establishment ☐ Reverse Vending Machine ☐ Temporary Use Permit ☐ Urban Agriculture Permit ☐ Appeal (Related Files):	 □ 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 	□ 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
APPLICANT ACKNOWLEDGEMENT		
	I am the applicant in the foregoing appends, and state that the same is true and c	
from any claim, action or proceeding a void, or annul any approval by the City	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 stario shall cooperate fully in the defense.	ficers or employees, to attack, set aside, l'anning Commission, or other authorized
Date:	Signature:	
	Name (print or type):	
PROPERTY OWNER / OFFICER ACKNOWLED	DGEMENT	
	and state that I am the □ owner , □ office ing application, and that I know the conte by knowledge and belief.	
Date:	Signature:	
	Name (print or type):	
	Mailing Address:	
		sil: