



Zoning/Land Use Verification Request Form

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

GENERAL INFORMATION

Applicant: _____

Address: _____

Telephone No.: _____ Fax No.: _____

Email: _____

Address Completed Zoning/Land Use Verification To (if different from Applicant):

Name: _____

Business: _____

Address: _____

Telephone No.: _____ Fax No.: _____

Email: _____

Send Completed Zoning/Land Use Verification To (if different from Applicant):

Name: _____

Business: _____

Address: _____

Telephone No.: _____ Fax No.: _____

Email: _____

(For staff use only)

File No.: _____

Date Rec'd: _____

Rec'd by: _____

Fee Paid: _____

Cash Check (# _____)

Credit Card

Receipt No.: _____

Date Due: _____

Send letter via (check all that apply):

- US Mail
- Fax
- Email to: _____
- _____
- Leave copy for pickup at the Planning Department counter

PROPERTY IDENTIFICATION

Property Location/Address: _____

Assessor's Parcel No(s): _____

What type of structure(s) exist on the property? _____

What is the current use of the property (residential, commercial, industrial, vacant)? _____

For staff use only

Existing Land Use(s): _____

Policy Plan: _____ Zoning: _____