



City of Fontana
 Community Development Department, Planning Division
 8353 Sierra Avenue, Fontana, CA 92335 ~ (909) 350-6718
www.fontana.org ~ Email: planningdivision@fontana.org

UNIFORM APPLICATION PART 1

GENERAL INFORMATION (Print or Type)

<i>Name of Proposed Project:</i>		Staff Use Only	
<i>Project Location:</i>		<i>Master Case No.:</i>	
<i>Assessor's Parcel No.(s):</i>		<i>Related Case No.:</i>	
<i>Applicant's Name:</i>		<i>Phone:</i>	
		<i>Mobile:</i>	
<i>Address:</i>		<i>Email:</i>	
<i>Legal Property Owner's Name (if different from above):</i>		<i>Phone:</i>	
		<i>Mobile:</i>	
<i>Address:</i>		<i>Email:</i>	

TYPE OF REVIEW REQUESTED (Please Check All Applicable Boxes)

- | | | |
|------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Agreements | <input type="checkbox"/> Design Review Sign | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Annexations | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Zone Change |
| <input type="checkbox"/> Adult Oriented Business | <input type="checkbox"/> Home Occupation Permit | <input type="checkbox"/> Zoning/Re-Build Letter |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Subtype: _____ |
| <input type="checkbox"/> Administrative Site Plan | <input type="checkbox"/> Municipal Code Amendment | _____ |
| <input type="checkbox"/> Building Relocation | <input type="checkbox"/> Minor Use Permit | _____ |
| <input type="checkbox"/> City Council Interpretation | <input type="checkbox"/> Planning Commission Interpretation | _____ |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Specific Plan | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Density Bonus | <input type="checkbox"/> Tentative Parcel Map | _____ |
| <input type="checkbox"/> Director's Determination | <input type="checkbox"/> Tentative Tract Map | _____ |
| <input type="checkbox"/> Design Review Project | <input type="checkbox"/> Temporary Use Permit | _____ |

PROJECT DESCRIPTION

Detailed Description of Proposed Project (Attach Additional Sheets if Necessary):

OWNER CERTIFICATION

I certify that I am presently the legal owner of the above-described property. Further, I acknowledge the filing of this application and certify that all of the above information is true and correct. (If the undersigned is different from the legal property owner, a notarized letter of authorization signed by the legal property owner must accompany this form.)

Signature: _____ *Date:* _____

Print Name and Title: _____

<i>Date/Time Received</i>	<i>Received By</i>	<i>Receipt No.</i>
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UNIFORM APPLICATION PART 2

THE FOLLOWING INFORMATION MUST BE COMPLETED AND SUBMITTED WITH NEW APPLICATIONS:

(Print or Type)

Contact Person (Please specify Name, Company, Title):

Staff Use Only
 Master Case No:

Address:

Phone:

Mobile:

Email:

Additional Contact Person (Please specify Name, Company, Title):

Address:

Phone:

Mobile:

Email:

Architect:

Address:

Phone:

Mobile:

Email:

Engineer:

Address:

Phone:

Mobile:

Email:

Landscape Architect:

Address:

Phone:

Mobile:

Email:

Payer of Fees:

Address:

Phone:

Mobile:

Email: