

#### City of Ontario Planning Department 303 East "B" Street

Ontario, CA 91764 Phone: (909) 395-2036 Fax: (909) 395-2420 www.ci.ontario.ca.us

## Homeowner Variance Application Packet

### Dear Applicant:

This *Homeowner Variance Application Packet* contains all applications and filing requirements necessary for applying for the approval of a Homeowner Variance. In an effort to improve customer service and insure development projects are processed as quickly as possible, the Planning Department finds it necessary to remind its clients that complete application submittals are crucial to the plan review process. In the past, accepting incomplete applications has led to errors and time delays at the end of the review process. I do not want this to happen to you.

Therefore, the Planning Department staff will only accept complete applications at time of submittal. All items listed on the enclosed *Minimum Filing Requirements* checklist must be provided before the counter staff can accept your application for filing. Please review these minimum requirements prior to submitting your application, as the counter staff does not have the authority to waive these requirements.

Please remember that failure to provide all of the required plans and information will result in significant time delays in the processing of your application. If you have any questions regarding the necessity of any particular item on the *Minimum Filing Requirements* checklist, please feel free to contact the Planning Department to discuss your questions with us.

The Planning Department looks forward to a continued efficient and professional relationship with you in the future. If you have any questions or comments regarding this letter, please contact me at (909) 395-2199.

Respectfully,

Planning Director

Attachments: Homeowner Variance Application

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### Homeowner Variance Application

### MINIMUM FILING REQUIREMENTS

The minimum requirements for filing a Homand information will not be accepted for proc		ow. An application that does not include the following plans	
Completed Homeowner Variance Applie	cation and filing fees.		
Fifteen copies of the site plan and floor plan(s). Plans shall be stapled together as a single package and folded to 8½"X11".			
the site, measured from the exterior bou San Bernardino County (property owner Floor, San Bernardino, California 924	indaries of the property. This information sl rship information may be obtained from the 15 (www.sbcounty.gov/assessor). <b>Include</b>	owners of real property within a radius of 300 feet (300') of hall be obtained from the latest equalized assessment rolls of San Bernardino County Assessor's Office, 172 W. Third, 3 <sup>rd</sup> the name and address of the property owner, applicant, els shall be submitted on CD. The City of Ontario uses	
One set of (pre-paid postage) business-size envelopes, with the name and address of each person on the mailing list. The return address sharead: "City of Ontario, Planning Department, 303 East "B" Street, Ontario, CA 91764.			
A map illustrating the three hundred for accepted).	oot (300') radius boundary and all parcels	within the boundary (copies of the assessor's maps will be	
☐ Pictures of the site and surrounding area			
Any other plans or information that the	Planning Director deems necessary to facilit	ate processing of the application.	
GENERAL INFORMATION (print or type)			
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		(For staff use only)	
Property Owner:			
Address:		File No.:	
Telephone No.:			
Email:		Related Files:	
Applicant:			
Address:			
Telephone No.:			
Email:		Fees Paid:	
		Receipt No.:	
Applicant's Representative:			
Address:			
Telephone No.:	Fax No.:		
Email:			
LOCATION			
Property Address:			
Assessor's Parcel No.:			
GENERAL PLAN & ZONING INFORMAT	TION		
General Plan Designation:	Zoning Designation:		

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DESCRIPTION (attach additional sheets if necessary)
Describe the improvements proposed for the property and the Code requirement not being met:
FACTS AND REASONS SUPPORTING THE VARIANCE REQUEST
How will the strict, literal interpretation of the Development Code result in practical difficulty or unnecessary physical hardship inconsistent with the objectives of the Development Code?
How will the strict interpretation of the Development Code deprive you of privileges enjoyed by owners of other properties in the same zoning district?
Will approval of the variance request grant special privileges to the property that are not enjoyed by other properties in the same zoning district?
Are their exceptional circumstances or conditions applicable to the property involved which do not apply generally to other properties in the same zoning district?
What are the impacts of this variance on the public health, safety or welfare? Will the use be materially injurious to properties or persons?

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APPLICANT AFFIDAVIT	
STATE OF CALIFORNIA COUNTY OF SAN BERNARDINO CITY OF ONTARIO	) ) ss )
I,	, being duly sworn, depose and say that I am the applicant in th foregoing application and know the content thereof and state that the same is true and correct to the best o
my knowledge and belief.	foregoing application and know the content thereof and state that the same is true and correct to the best of
	Applicant Signature
	Applicant Signature
STATE OF CALIFORNIA COUNTY OF SAN BERNARDINO CITY OF ONTARIO	) ) ss )
Onbefore (Date)	ne,, (insert name of Notary Public)
Notary Public, personally appeared	
, , , , , , , , , , , , , , , , , , ,	Name(s) of Signer(s)
acknowledged to me that he/she/they ex	isfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and ecuted the same in his/her/their authorized capacity(ies) and that by his/her/their signatures(s) on the behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY	under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.	
Signature	Place Notary Seal Above

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PROPERTY OWNER AFFIDAVIT	
STATE OF CALIFORNIA (COUNTY OF SAN BERNARDINO (CITY OF ONTARIO (CITY OT ONTARIO (CITY OF ONTARIO (CITY OT ONTARIO (CITY OF ONTARIO (CITY OT OT ONTARIO (CITY OT ONTARIO (CITY OT	) ss )
I,	, the owner (if other than the applicant) of real property involved in ag of this application.
	Owner Signature
STATE OF CALIFORNIA (COUNTY OF SAN BERNARDINO (CITY OF ONTARIO (CITY OT OT	) ) ss )
Onbefore me,	(insert name of Notary Public)
Notary Public, personally appeared	
Tvotary I uone, personany appeared	Name(s) of Signer(s)
acknowledged to me that he/she/they execu	actory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and ated the same in his/her/their authorized capacity(ies) and that by his/her/their signatures(s) on the ehalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY und	der the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.	
Signature	Place Notary Seal Above
MAILING LIST CERTIFICATION (require	ed for public hearings)
I, Requirements for the application, contains the available assessment roll of the County of Sar property legal described above.	, hereby certify that the mailing list herewith provided pursuant to the Public Notice he names and addresses of all persons to whom all property is assessed as they appear on the latest n Bernardino within the area described and for a distance of 300-feet from the exterior boundaries of the
Date:	Signature:
	Name (print or type):

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