



**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

# Appeal Application

## GENERAL INFORMATION *(print or type)*

Appellant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

Appellant's Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

*(For staff use only)*

**File No.:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Rec'd by:** \_\_\_\_\_

**Fees Paid:** \_\_\_\_\_

**Receipt No.:** \_\_\_\_\_

## SUBJECT OF APPEAL

This application is hereby filed pursuant to Title 9, Section 1, Part 2, Article 5 of the Ontario Municipal Code, appealing the action of the following reviewing authority:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Administrative Decision                     | <input type="checkbox"/> Administrative Decision for Historical Resources | <input type="checkbox"/> Development Advisory Board Decision       |
| <input type="checkbox"/> Historic Preservation Subcommittee Decision | <input type="checkbox"/> Zoning Administrator Decision                    | <input type="checkbox"/> Historic Preservation Commission Decision |
| <input type="checkbox"/> Planning Commission Decision                |   |  |

Date of decision: \_\_\_\_\_ Project File Nos.: \_\_\_\_\_

The application requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ACTION/DECISION

Identify the specific action or decision which is being appealed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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# Mailing List/ Letter of Certification

## MAILING LIST INSTRUCTIONS

At the filing of the appeal, the appellant shall provide the following information:

- Property Ownership List:** A mailing list containing the names, addresses, and assessor's parcel number of all owners of real property within a radius of 300 feet (300') of the site, measured from the exterior boundaries of the property. This information shall be obtained from the latest equalized assessment rolls of San Bernardino County (*property ownership information may be obtained from the San Bernardino County Assessor's Office, 172 W. Third, Third Floor, San Bernardino, CA. 92415.* (www.sbcounty.gov/assessor) Include the name and address of the property owner, applicant, and representative of the mailing list. **A copy of the ownership mailing labels shall be submitted on CD. The City of Ontario uses Microsoft Word, Excel and Access.**
- Mailing Envelopes:** One set of stamped (pre-paid postage) business-size envelopes, with the name and address of each person on the mailing list. The return address shall read: "City of Ontario, Planning Department, 303 East "B" Street, Ontario, CA 91764.
- Radius Map:** A map illustrating the three hundred foot (300') radius boundary and all parcels within the boundary (copies of the assessor's maps will be accepted).

City of Ontario Planning Department 303 East B Street Ontario, CA 91764	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">Assessor's Parcel Number</div>  0000-000-00 John and Mary Doe 1234 E. First Street Ontario, CA 91764	<div style="border: 1px solid black; display: inline-block; padding: 5px 10px;">stamp</div>
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## EXAMPLE OF ADDRESSING ENVELOPE

### CERTIFICATION (required for public hearings)

I, \_\_\_\_\_, hereby certify that the attached list contains the names and addresses of all persons to whom all property is assessed as they appear on the latest available assessment roll of the County of San Bernardino within the area described and for a distance of 300-feet from the exterior boundaries of the property.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name (print or type): \_\_\_\_\_

