

City of Fontana

Zoning Compliance/Inspection Application

Business Name:		
Business Address:		Phone No.
Corporation Name:	Contact:	Phone No.
Property Owners Name:		Phone No.
Address:		State: Zip Code:
Other uses in the same building or within the same lot:		
Are Flammable, Combustible or Hazardous Materials Used? Yes___ No___ If yes, what?_____		
I hereby Certify, under the penalty of perjury that the foregoing information is True and Correct. I Certify that I have read, understand and agree to comply with all applicable laws. By applying for and signing this document, I understand that inspection personnel are authorized to and shall be permitted to enter the property for inspection purposes.		
Executed this _____ day of _____, 20___ in the City of Fontana, State of California		
Signature of Applicant: _____ Title: _____		

FOR DEPARTMENTAL USE ONLY

Planning Division:

Land Use Zone:	Applicants Use:
Remarks:_____	

Approved:_____ Denied:_____ Planner:_____ Date:_____	

Building & Safety Division:

Occupancy Group:	Use:
Construction Type:	
Remarks:_____	

Approved:_____ Denied:_____ Inspector:_____ Date:_____	