

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 <input type="checkbox"/> No <input type="checkbox"/> 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: _____