

**PLAN REVIEW APPLICATION FORM**

Plan Review Fee Due at time of submission

Preliminary Review \_\_\_\_\_

Final Review \_\_\_\_\_

Re-submittal \_\_\_\_\_

Review Fee \_\_\_\_\_

Submittal Date \_\_\_\_\_

Project Name: \_\_\_\_\_

Location: \_\_\_\_\_

Zoning District \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Applicant:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

Architect, Engineer, or Land Surveyor:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

Owner or Lessee:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

Contact Person:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

Return Application & Check (payable to City of Ontario) to:

City of Ontario  
555 Sumbo Road  
Ontario, OH 44906  
Att: Zoning Inspector