

PLAN REVIEW APPLICATION FORM

Plan Review Fee Due at time of submission

Preliminary Site Review PS- _____

Submittal Date: _____

Final Site Review FS- _____

Re-submittal _____

Review Fee \$ _____

Project Name: _____

Location: _____

Zoning District _____ Proposed Use: _____

Applicant:

Name: _____

Street: _____

(City) (State) (Zip)

Phone _____ Fax _____

E-mail _____

Architect, Engineer, or Land Surveyor:

Name: _____

Street: _____

(City) (State) (Zip)

Phone _____ Fax _____

E-mail _____

Owner or Lessee:

Name: _____

Street: _____

(City) (State) (Zip)

Phone _____ Fax _____

E-mail _____

Contact Person:

Name: _____

Street: _____

(City) (State) (Zip)

Phone _____ Fax _____

E-mail _____

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

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