



**City of Ontario
Planning Department**
303 East "B" Street
Ontario, CA 91764
Phone: (909) 395-2036
Fax: (909) 395-2420

Large Family Daycare Home Application Packet

Dear Applicant:

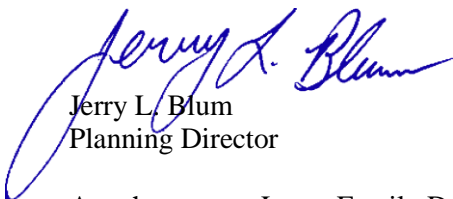
This *Large Family Daycare Home Application Packet* contains all applications and filing requirements necessary for applying for the approval of a Large Family Daycare Home. In an effort to improve customer service and insure Large Family Daycare Home applications are processed as quickly as possible, the Planning Department finds it necessary to remind its clients that complete application submittals are crucial to the plan review process. In the past, accepting incomplete applications has led to errors and time delays at the end of the review process. I do not want this to happen to you.

Therefore, the Planning Department staff will only accept complete applications at time of submittal. All items listed on the enclosed *Minimum Filing Requirements* checklist must be provided before the counter staff can accept your application for filing. Please review these minimum requirements prior to submitting your application, as the counter staff does not have the authority to waive these requirements.

Please remember that failure to provide all of the required plans and information will result in significant time delays in the processing of your application. If you have any questions regarding the necessity of any particular item on the *Minimum Filing Requirements* checklist, please feel free to contact the Planning Department to discuss your questions with us.

The Planning Department looks forward to a continued efficient and professional relationship with you in the future. If you have any questions or comments regarding this letter, please contact me at (909) 395-2199.

Respectfully,



Jerry L. Blum
Planning Director

Attachments: Large Family Daycare Home Application



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Large Family Daycare Home Application

MINIMUM FILING REQUIREMENTS

The minimum requirements for filing a Large Family Daycare Home application are listed below. An application that does not include the following minimum plans and information will not be accepted for processing:

- ☐ Completed *Large Family Daycare Home Application* and filing fee.
- ☐ Copy of State license or a copy of the application submitted for approval to operate a Large Family Daycare at this location.
- ☐ Fifteen (15) copies of a site plan and building floor plan(s) for the property prepared on an 8½"X11" sheet.
- ☐ Public hearing information prepared in accordance with the *Public Notice Requirements*.
- ☐ Any other plans or information that the Planning Director deems necessary to facilitate processing of the application.

GENERAL INFORMATION (print or type)

Property Owner: _____
Address: _____
Telephone No.: _____ Fax No.: _____
Email: _____

Applicant: _____
Address: _____
Telephone No.: _____ Fax No.: _____
Email: _____

Applicant's Representative: _____
Address: _____
Telephone No.: _____ Fax No.: _____
Email: _____

(For staff use only)

File No.: _____

Related Files: _____

Date: _____

Rec'd by: _____

Fees Paid: _____

Receipt No.: _____

LOCATION

Address: _____
Assessor's Parcel No.: _____

GENERAL PLAN & ZONING INFORMATION

General Plan Designation: _____
Zoning Designation: _____

DESCRIPTION

Will you be living in the home? ☐ Yes ☐ No
Will you have any employees who do not live in the home? ☐ Yes ☐ No If "yes," how many? _____
Do you currently have a State license to operate a Large Family Daycare from this location? ☐ Yes ☐ No
No. of children cared for (including children under the age of 10 living at the home): _____
Hours of operation: _____

Any additional information you may wish to provide (attach additional sheets if necessary): _____

APPLICANT AFFIDAVIT

STATE OF CALIFORNIA)
COUNTY OF SAN BERNARDINO) ss
CITY OF ONTARIO)

I, _____, being duly sworn, depose and say that I am the applicant in the foregoing application, that I have read the foregoing application and know the content thereof and state that the same is true and correct to the best of my knowledge and belief.

Applicant Signature

STATE OF CALIFORNIA)
COUNTY OF SAN BERNARDINO) ss
CITY OF ONTARIO)

On _____ before me, _____,
(Date) (insert name and title of the officer)

Notary Public, personally appeared _____,
Name(s) of Signer(s)

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

Place Notary Seal Above

PROPERTY OWNER AFFIDAVIT

STATE OF CALIFORNIA)
COUNTY OF SAN BERNARDINO) ss
CITY OF ONTARIO)

I, _____, being duly sworn, depose and say that I am the owner of the property in the foregoing application, that I have read the foregoing application and know the content thereof and state that the same is true and correct to the best of my knowledge and belief.

Owner Signature

STATE OF CALIFORNIA)
COUNTY OF SAN BERNARDINO) ss
CITY OF ONTARIO)

On _____ before me, _____,
(Date) (insert name and title of the officer)

Notary Public, personally appeared _____,
Name(s) of Signer(s)

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

Place Notary Seal Above

MAILING LIST CERTIFICATION (required for public hearings)

I, _____, hereby certify that the mailing list herewith provided pursuant to the Public Notice Requirements for the application, 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 100-feet from the exterior boundaries of the property pertaining to the project area of this application.

Date: _____ Signature: _____

Name (print or type): _____



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PUBLIC NOTICE REQUIREMENTS

The materials and information listed below must be submitted with applications requiring a public hearing or public notification:

- ☐ **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 100 feet (100') 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.
- ☐ **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 one hundred foot (100') radius boundary and all parcels within the boundary (copies of the assessor's maps will be accepted).