

CITY OF ONTARIO
SINGLE FAMILY TRACT SUBMITTAL FORM

TRACT #

DAB#

OWNER/DEVELOPER:						PHONE#		
ARCHITECT:						PHONE#		
CONTACT PERSON:						PHONE#		
						DWELL	GARAGE	PATIO ETC
LOT#	PERMIT#	ADDRESS (IF ASSIGNED)	PLAN#	#BDR	#BATH	SQ. FT.	SQ. FT	SQ. FT.
OFFICE USE ONLY								
SET ID:								
PLANS EXAMINER:								