



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

## *Homeowner Variance Application Packet*

Dear Applicant:

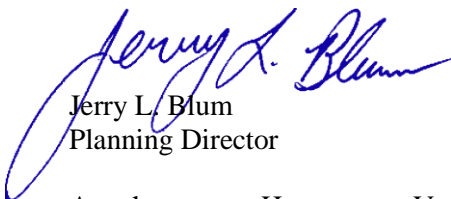
This *Homeowner Variance Application Packet* contains all applications and filing requirements necessary for applying for the approval of a Homeowner Variance. In an effort to improve customer service and insure development projects are processed as quickly as possible, the Planning Department finds 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: Homeowner Variance Application



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# Homeowner Variance Application

## MINIMUM FILING REQUIREMENTS

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

- ☐ Completed Homeowner Variance Application and filing fees.
- ☐ Fifteen copies of the site plan and floor plan(s). Plans shall be stapled together as a single package and folded to 8½"X11".
- ☐ A mailing list containing the names, addresses, and assessor's parcel number of all owners of real property within a radius of 300 feet (300') 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, 3<sup>rd</sup> Floor, San Bernardino, California 92415 (www.sbcounty.gov/assessor).* **Include the name and address of the property owner, applicant, and representative of the mailing list. A copy of the ownership mailing labels shall be submitted on CD. The City of Ontario uses Microsoft Word, Excel and Access.**
- ☐ One set of (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.
- ☐ A map illustrating the three hundred foot (300') radius boundary and all parcels within the boundary (copies of the assessor's maps will be accepted).
- ☐ Pictures of the site and surrounding area.
- ☐ 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

Property Address: \_\_\_\_\_  
Assessor's Parcel No.: \_\_\_\_\_

## GENERAL PLAN & ZONING INFORMATION

General Plan Designation: \_\_\_\_\_ Zoning Designation: \_\_\_\_\_

**DESCRIPTION** (attach additional sheets if necessary)

Describe the improvements proposed for the property and the Code requirement not being met: \_\_\_\_\_

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**FACTS AND REASONS SUPPORTING THE VARIANCE REQUEST**

How will the strict, literal interpretation of the Development Code result in practical difficulty or unnecessary physical hardship inconsistent with the objectives of the Development Code?

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How will the strict interpretation of the Development Code deprive you of privileges enjoyed by owners of other properties in the same zoning district?

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Will approval of the variance request grant special privileges to the property that are not enjoyed by other properties in the same zoning district?

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Are there exceptional circumstances or conditions applicable to the property involved which do not apply generally to other properties in the same zoning district?

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What are the impacts of this variance on the public health, safety or welfare? Will the use be materially injurious to properties or persons?

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**PROPERTY OWNER AFFIDAVIT**

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

I, \_\_\_\_\_, the owner (if other than the applicant) of real property involved in this application, do hereby consent to the filing of this application.

\_\_\_\_\_  
Owner Signature

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

On \_\_\_\_\_ before me, \_\_\_\_\_,  
(Date) (insert name of Notary Public)

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 300-feet from the exterior boundaries of the property legal described above.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name (print or type): \_\_\_\_\_