



Community Development Department
 Planning Division
 13220 Central Avenue
 Chino, CA 91710
 (909) 334-3253

www.cityofchino.org

ANNEXATION CHECKLIST

CITY of CHINO

The purpose of the Annexation process is to incorporate property currently located in San Bernardino County into an existing zoning district within the City of Chino, with a resulting change in the boundaries of the annexing jurisdiction.

ALL APPLICATIONS:

1. Additional materials and information may be required depending upon project scope and complexity.

SECTION 1 – FILING REQUIREMENTS

- (1) Application and filing fee;
- (1) Supplemental application (*Annexation Consent Form*);
- (1) *Environmental Assessment* form and review fee; and
- (3) Copies of mailing labels and mailing list prepared in accordance with the City's *Public Notice Requirements* handout.

*Supplementary materials and information may be required as detailed in the *Minimum Required Information Checklist* handout.

SECTION 2 – MINIMUM REQUIRED INFORMATION CHECKLIST

General Preparation Guidelines:

- 1. All plans/maps shall be drawn on uniform sheets, no greater than 24" X 36" in size.
- 2. All plans/maps shall be clear, legible and accurately scaled.
- 3. All plans/maps shall be clearly labeled with sheet title, project name and project location.
- 4. A one sheet master plan shall be provided where the detailed plan/map cannot contain the entire project on a single sheet.
- 5. Incomplete or illegible plans/maps will not be accepted for filing.

CERTIFICATION

CERTIFICATION OF PLANS & INFORMATION

I hereby certify that the plans and information provided present all of the data and information required by this "Minimum Required Information Checklist," and that the facts, statements and information presented are true and correct to the best of my knowledge and belief. Furthermore, I understand that failure to provide the plans and information required by this checklist may result in this application not being accepted as complete for filing and/or processing.

Preparer's Signature: _____ Date: _____

Name (print or type): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____