

## 5200 Springfield Street, Suite 100 Riverside, OH 45431

Phone: 937-233-1801 Fax: 937-237-5965 www.riversideoh.gov

## **Driveway Certificate of Zoning Compliance Application**

PROJECT ADDRESS:	Zoning District:
Applicant	Owner
Address	Address
City State Zip Code	City State Zip Code
Person to contact	Phone #
Phone #	Email
Email	<ul> <li>Check if same as applicant information</li> </ul>
*Please completely fill out the owner information	if different than the applicant.
grant permission for the City of Riverside Zoning Adminis in the attachment) for the purposes of gathering informat	o the best of my knowledge, true and accurate. Additionally, I hereby trator to enter upon the above-mentioned property (or as described tion related to this application.
Owner Signature:	Date
Applicant Signature:	Date
<ul> <li>Checklist:</li> <li>□ One (1) copy of the plan (drawn to scale) on 8 information. Plan must include the following in a property lines</li> <li>- Property lines</li> <li>- Driveway Location with dimensions</li> <li>- Material (asphalt, concrete, brick, or pave part of the property lines)</li> <li>- Existing Structures</li> <li>□ Application fee (Card, Cash or Check made pay Residential \$40</li> <li>□ Work without a Permit Penalty: Double Total Features</li> </ul>	ers) Table to the City of Riverside) Tial <b>\$75</b>
OFFIC Permit No	Approved Date
Intake Staff	□ Denied Date
DateSWPA:	Parcel ID

## **Sample Site Plan**



