

5200 Springfield Street, Suite 100 Riverside, OH 45431

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

Development Request Pre-Application

PROJECT ADDRESS:		Zoning District:		
Applicant				
Address				
CityState_Zip Code		CityState_Zip Code		
Person to contact		Person to contactPhone #		
Phone #				
Email	E	mail		
			me as applicant information	
	Check Project Type			
 □ Conditional Use □ Site Plan □ Rezoning Request □ 	Planned Unit Development (PUD) Major Accessory Use Variance		Plan Modification Other:	
roject Information:				
roject Name (if applicable):				
urrent Use:ezoning/PUD Only: Current Zoning			ng	
as this property been subject of a previo				
yes, please list the case number:			- 11 0	
Read the statements below and sign to ack hereby attest that all information on this app trant permission for the City of Riverside Zoni he attachment) for the purposes of gathering	olication is, to the best of my kno ng Administrator to enter upon t	he above mer	•	
Property Owner Signature:		Date		
Applicant Signature:		Date		
Pormit No.	OFFICIAL USE ONLY			
Permit No Intake Staff:		Parcel ID		
Date:SWPA:				
		Date Comp	lete: Staff:	

Che	ecklist:
	Project Description (Overview of the proposed development including key elements)
	Concept Plan includes the following elements.
	Plan drawn to a reasonable scale [engineer's scale $(1" = 20')$ or architect's scale $(1/8" = 1')$]
	Vicinity map that shows the distance from the property to the nearest intersecting street
	North arrow
	Street name(s) abutting the site
	Property address, parcel ID, and dimensions
	Electric, telephone, drainage easements with dimensions
	Existing and proposed structures with dimensions and distance from property lines (include height and square footage)
	Aerial map of property (found at https://gis.mcohio.org/VPCore/VP.html?config=aud)
П	\$25.00 Application fee (Credit Card, Cash or Check made payable to the City of Riverside)