

5200 Springfield Street, Suite 100 Riverside, OH 45431

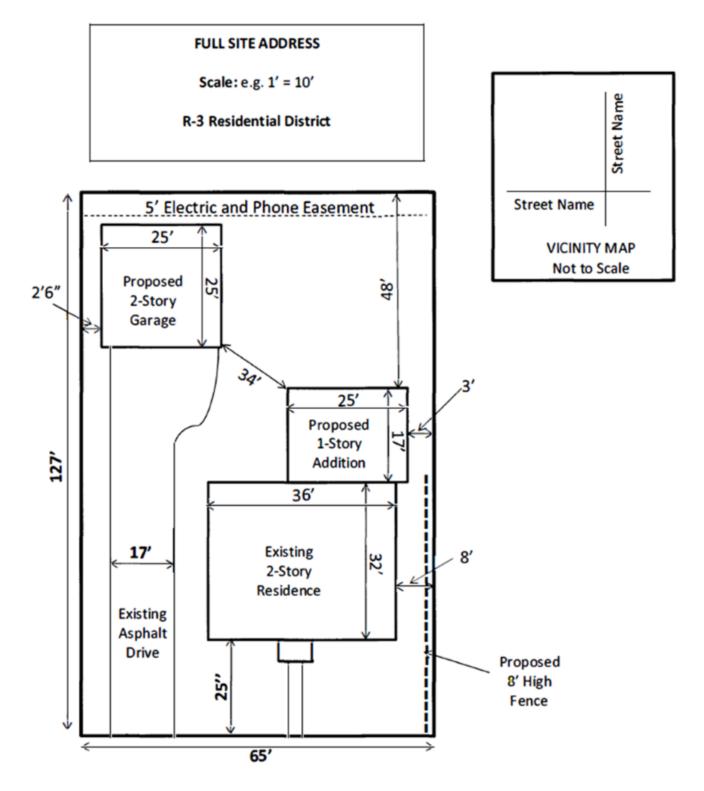
Phone: 937-233-1801 Fax: 937-237-5965 www.riversideoh.gov

Solar Panel Permit Application

PROJECT ADDR	ESS:			Zoning District:			
Applicant				Owner			
Address				Address			
City	State	Zip Code_		City	State	Zip	
Person to conta	ct			Phone #			
Phone #				Email			
Email				☐ Check if same a	s applicant	information	
* Please completely	fill out the co	ntact informatior	n for the owner if differe	ent than the applicant			
Solar Panel Info	rmation:						
		f-Mounted	□ Ground	-Mounted			
			ermost portion of th				
				 No			
permission for the attachment) for the	City of River e purposes of p	side Zoning Adm gathering informa		on the above-mentio lication.	ned property	ditionally, I hereby gran (or as described in the	
Applicant Signa	ture:			Date:		_	
	ion Fee (Card	, Cash or Chec	k made payable to tl ble Total Permit Fee	ne City of Riverside)		
			OFFICAL USE O	NLY			
Permit No				□ Approved	l	Date	
Intake Staff				□ Denied			
Comments		ς\Λ/DΛ·		Parcol ID			

SAMPLE SITE PLAN





Revised: 02/17/23