



5200 Springfield Street, Suite 100
Riverside, OH 45431

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

Zoning Confirmation Application

PROJECT ADDRESS: _____

Zoning District: _____

Applicant _____

Owner _____

Applicant Address _____

Owner Address _____

City _____ State ____ Zip Code _____

City _____ State ____ Zip Code _____

Person to contact _____

Person to contact _____

Phone # _____

Phone # _____

E-mail _____

E-mail _____

Check if same as applicant information

Zoning Confirmation Applications

Certificate of Zoning
Occupancy

Zoning Verification
Letters

I hereby acknowledge that in review of this application, the City of Riverside may require the services of the City Engineer and/or the City Attorney to insure that the requested item(s) for review of this application is compliant to the current zoning laws and policies of the City of Riverside. For any and all costs incurred in the review of this application, I acknowledge that the city of Riverside or any of the City's consultants listed above are my responsibility to reimburse.

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate. Additionally, I hereby grant permission for the City of Riverside Zoning Administrator to enter upon the above mentioned property (or as described in the attachment) for the purposes of gathering information related to this application.

Signature: _____

Date _____

OFFICIAL USE ONLY

Permit No. _____

Approved _____

Intake Staff: _____

Denied _____

Date _____

Date _____

Checklist:

Aerial map of property (found at Google Maps or <https://gis.mcoho.org/VPCore/VP.html?config=aud>) with the parcel(s) marked (highlighted or outlined)

Application fee (cash or check made payable to the City of Riverside)

Certificate of Zoning Occupancy

(1) Residential 35.00

(2) Commercial 50.00

(3) Industrial 50.00

Zoning Verification Letters 50.00

Letter of Explanation for Zoning Occupancy (include former use and new use)

Completed Tax Registration form/Proof of Tax Account Number (Required for Zoning Occupancy)

- Form will be submitted to the City of Riverside Finance Department

- For more information contact the **City of Riverside Finance Department at 937-233-1801, option 3 or finance@riversideoh.gov**

Copy Official License or Registration (Require for Zoning Occupancy for below uses)

Salon/Barber/Spa

Auto Dealership

Massage Therapist

Tattoo Shop

Pawn Shop

Skilled-Game Facility

Zoning Letter Information for Zoning Verification Letter (Please provide the name and address of the person and/or company the letter will be addressed to if different then the applicant.

Please provide a FedEx Enveloped for the completed Zoning Verification Letter if you want the hard copy sent other than standard mail.