



5200 Springfield Street, Suite 100
Riverside, OH 45431

Phone: 937-233-1801 Fax: 937-237-5965 www.riverside.oh.us

Zoning Verification Letter Request Form

SITE ADDRESS: _____

Applicant _____

Address _____

City _____ State _____ Zip Code _____

Person to contact _____

Phone # _____

Email _____

Owner _____

Address _____

City _____ State _____ Zip Code _____

Person to contact _____

Phone # _____

Email _____

Check if same as applicant information

Read the statements below and sign to acknowledge agreement.

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.

Applicant Signature: _____ **Date** _____

Checklist:

- Aerial map of property (found at <https://gis.mcoho.org/VPCore/VP.html?config=aud>) with the subject parcel(s) marked (highlighted or outlined)
- Name and address of the person and/or company the letter will be addressed to if different then the applicant.
- Please provide a FedEx Envelope for the completed Zoning Verification Letter if you want the hard copy sent other than standard mail.
- \$50.00** Application fee (Credit Card, Cash or Check made payable to the City of Riverside)

Note: Please allow at least 7-10 business days for your request to be processed.

OFFICIAL USE ONLY

Permit No. _____

Intake Staff: _____

Date: _____ SWPA: _____

Date Complete: _____ Staff: _____

Parcel ID _____