



1791 Harshman Road
Riverside, OH 45424
Phone: 937-233-1801
Fax: 937-237-5965

**Instructions for Zoning Text Amendment Application(s)
Pursuant to Codified Ordinance 1137.04 (b)**

- I. The zoning permit application is to be filed with the Department of Administration located in the City Administration building, 1791 Harshman Road.
- II. Rezoning application permit fee is \$150.00
Each application shall be accompanied by the appropriate fee at time of submittal
- III. Applications proposing to amend, supplement, change or repeal text portions of this Zoning Ordinance shall include the proposed amending ordinance, approved as to form by the legal advisor.
- IV. After staff review, the Planning Commission shall schedule a public hearing. Notice of such public hearing shall be given by the Commission by at least one publication in one or more newspapers of general circulation in the City. Said notice shall be published at least twenty (20) days before the date of the required hearing.



Zoning Text Amendment Application

OFFICIAL USE ONLY	
PC Case No.	
Date	

Applicant Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Numbers(s): _____ **E-mail:** _____

- 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.
- Furthermore, I hereby acknowledge that in review of this application, the City of Riverside may require the services of the City Planner, City Engineer, and/or the City Attorney to insure that the requested items(s) for review in this application is compliant to the current zoning laws and policies of the City of Riverside. I, as the applicant acknowledge that any cost incurred by the City of Riverside as they relate to the review of the application by any of the City's consultants listed above are my responsibility to reimburse and agree to repay the City of Riverside for any and all costs incurred to it in the review of this application.

Signature: _____ **Date:** _____

Applicant is the: Owner Lessee Contractor/Architect

Property Owner's Name: (If different from applicant): _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Numbers(s): _____ **E-mail:** _____

Explain proposed use of property if text of zoning ordinance is changed. Use additional sheets if necessary.

To Be Completed By City

Date application and fee received: _____ **Staff Initials:** _____ **Receipt #:** _____

Application is: APPROVED DENIED

Zoning Administrator: _____ **Date:** _____