



Certificate of Zoning Compliance Application

Application #: _____

Date: _____

Application is hereby made for a certificate of zoning compliance, and the statements herein are made a part thereof. It is understood and agreed by the applicant that any error, misstatement or is representation of fact or expression of fact, either with or without intention on the part of the application, such as might, or would operate to cause the issuance of a certificate in accordance with this application, shall constitute sufficient grounds for the revocation of such certificate at any time.

Prior to the alteration of a building and occupying a building, please contact the Montgomery County Building Regulations Department, 451 West Third Street, Dayton, Ohio, 937-225-4622 for a county occupancy permit.

The occupant may not open for business until the certificate of zoning compliance has been obtained from the City of Riverside.

Please PRINT

Location: _____

Occupant: _____
Name of Business and Telephone Number

Issued To: _____
Owner/Manager (Circle One)

Owner: Social Security No. _____

Manager: Federal Identification Number _____

Address of Owner/Manager _____ Phone Number _____

Zoning Classification: _____ Square Feet: _____

Business Use: _____

Type of Organization: Sole Proprietor Professional Association Corporation Partnership

Hours of Operation are: _____

Estimated Payroll: _____ Estimated Annual Sales: _____

Number of Employees: Full-Time _____ Part-Time _____ Resident _____ Non-Resident _____

Signature of Applicant: _____ Date: _____

To Be Completed By City

Date application received: _____ Staff Initials: _____

Application is: APPROVED DENIED

Zoning Administrator: _____ Date: _____