



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

**Instructions for Zoning Map Amendment Application(s)
Pursuant to Codified Ordinance 1137.04 (a)**

- 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. Attach the following information to the form:
 - A. A statement of the relationship of the proposed amendment to the neighborhood and to the Riverside Comprehensive Plans.
 - B. A vicinity map at a scale approved by the Planning Commission showing property lines, structures, electrical lines, easements, fencing, gates, driveways, pavement, thoroughfares, existing and proposed zoning, and such other items as the Commission may require.
 - C. A list of all property owners and their mailing addresses who are within, or within 300 feet from the parcel(s) proposed to be rezoned; such list shall be in accordance with the Montgomery County Auditor's current tax list.

- 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 Map 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:** _____

Legal Description of Property Requested to be Amended _____

Parcel Identity No(s): _____

NOTE: If description (dimensions) of property requested to be amended is not consistent with one more parcel indexes and/or lots of record, a legal description and survey must be attached.

Existing Use of Property _____

Present Zoning District _____ **Proposed Zoning District** _____

Existing Zoning Districts within 200 feet of property:

North _____ **South** _____ **East** _____ **West** _____

Explain proposed use of property if zoning district 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:** _____