



5200 Springfield Street, Suite 100  
Riverside, OH 45431

Phone: 937-233-1801 Fax: 937-237-5965 [www.riverside.oh.us](http://www.riverside.oh.us)

## Extension of Expiration Application

PROJECT ADDRESS: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Project Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Applicant \_\_\_\_\_

Property Owner \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Person to contact \_\_\_\_\_

Person to contact \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Check if same as applicant information

\*Please completely fill out the property owner information if different than the applicant

### Checklist:

- Aerial map of property (found at <https://gis.mcoho.org/VPCore/VP.html?config=aud>)
- Explanation Statement (Detailed letter explaining the reason for the extension request)
- \$40.00 Application fee (Credit, Cash or Check made payable to the City of Riverside)

### 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.

Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

### OFFICIAL USE ONLY

Permit No. \_\_\_\_\_

Intake Staff: \_\_\_\_\_

Date: \_\_\_\_\_ SWPA: \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_

Parcel ID \_\_\_\_\_