



City of Arts & Innovation

Research Description (ex: list street segments & intersections)

Project Name: _____

Project Address / APN: _____

Requirements / Notes

- Please provide a site plan identifying the requested area.
- Please note the average processing time is 10 business days from the date received.

Applicant Information

Business Name: _____

Primary Contact Name: _____

Email Address: _____

Office Phone Number: _____

Cell Phone Number: _____

Mailing Address: _____

City, State, & Zip Code: _____

Signature: _____

Date: _____

Please return this application to: WaterDevelopment@RiversideCA.gov

RPU Notes

Permit Number: _____ Received By: _____

Received Date: _____

