



City of Arts & Innovation

Business Description

Business Name: _____

Type of Business (restaurant, ect): _____

Business Address and APN: _____

City, State, & Zip Code: _____

Requirements / Notes

- Please provide a site plan identifying the requested area.
- Please note the average processing time is 1 week from the date received.

Applicant Information

Contact Name: _____ Phone Number: _____

Email Address: _____

Same as above: Yes No

Business Name: _____

Mailing Address: _____

City, State, & Zip Code: _____

Signature: _____ Date: _____

Please return this application to: WaterDevelopment@RiversideCA.gov

RPU Notes

Permit Number: _____ Received By: _____

Received Date: _____

