



Town of North Kingstown

Zoning Certificate Application

Please complete all areas of this application in either black or blue ink only.

CONTACT INFORMATION	Applicant
	Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Email _____
	Owner (if different than above)
	Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Email _____
PROPERTY INFORMATION	Assessor's Plat _____ Lot(s) _____
	Street Address _____
	Zoning District _____
	Lot Size (Square Feet) _____ Frontage on Street (Feet) _____
	Is the Property Improved (Does it contain structures?) _____
	Is the Property In Common Ownership with Adjacent Land? _____
	Current Use of the Property _____
CERTIFICATION	Attest: I hereby certify that under penalty of perjury, the information and statements given on this applicant are true and correct to the best of my knowledge. I understand that if the information on this application is not correct or complete, the result may be the invalidation or revocation of this zoning certificate.
	Applicant's Signature _____ Date _____
	Response Requested by _____ Mail _____ Email _____ Both _____

The fee for each zoning certificate is \$65. Payable by exact cash, check, or money order to the Town of North Kingstown. Applications can be mailed or dropped off to the Planning Department at 100 Fairway Drive.

A zoning certificate shall be issued within twenty (20) days of the written request. In the event that no written response is provided in that time, the requesting party has the right to appeal to the zoning board of review for the determination pursuant to §45-24-63.

For Internal Use Only:

Date Received _____ Payment Received _____ Payment Type _____

NORTH KINGSTOWN DEPARTMENT OF PLANNING AND DEVELOPMENT
100 FAIRWAY DR. NORTH KINGSTOWN, RI 02852
(401) 294-3331 EXT. 316