



Town of North Kingstown

Zoning Certificate Application

INCORPORATED 1674

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 _____