

To Whom It May Concern:

Attached is an application for a *Certificate of Zoning Compliance*. Please note that the **Recorded Property Owner** must complete this form. The **Property Owner** needs to fill in the upper section of the form as indicated below:

Location	(where the property is located)
Print Name	(as shown on Assessor's books)
Address	(mailing address: box #, floor, unit, etc.)
Telephone	(Owner's daytime number)
Signature	(Property owner [s])
Address	(street [house] address of owner)

The applicant must include a letter of intent, with a **detailed description** of what the property's intended use will be, and any other information that might be needed for the building inspector to process this application.

Upon completion, please return this form with a check for Twenty-five Dollars (\$25.00) payable to the **Town of North Smithfield** to the following address:

Town of North Smithfield
Building and Zoning Official
1 Main Street
P.O. Box 248
Slatersville, RI 02876

Sincerely,

Susan Lecuivre
Inspection Division Clerk

ENC.

Town of North Smithfield

Office of the Building and Zoning Official

APPLICATION FOR A CERTIFICATE OF ZONING COMPLIANCE

Application No: ZC-_____

FEE: _____

Date: _____

Zoning District: _____

Location: _____

Plat: _____ Lot: _____

RECORDED OWNER OF PROPERTY

Print Names (s): _____

Mailing Address: _____

City / State / Zip: _____

Daytime Phone #: (____) - _____

Signature (s): X _____

X _____

Home Address: _____

City / State / Zip: _____

DO NOT WRITE BELOW THIS LINE ... FOR OFFICIAL USE ONLY

Does Lot / Structure / Use conform to current Zoning? _____ Yes _____ No

State Section of Ordinance: _____

COMMENTS _____

OFFICIAL

SIGNATURE: _____ DATE: _____

Robert E. Benoit
Building and Zoning Official



P.O. Box 248, Slatersville, Rhode Island 02876 • (401) 767-2207

