

Town of North Smithfield
Office of the Building and Zoning Official

APPLICATION FOR A CERTIFICATE OF ZONING COMPLIANCE

Application No: ZC-_____

FEE: \$25.00

Date: _____

Zoning District: _____

Location: _____

Plat: _____ Lot: _____

Owner's Name : _____

Mailing Address: _____

City / State / Zip: _____

Daytime Phone #: (____) - _____

Signature (s): X _____

Applicant Names _____

Mailing Address: _____

City / State / Zip: _____

Daytime Phone #: (____) _____

Signature (s): X _____

Intended use: (please be as specific as possible to ensure an accurate response) _____

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

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

State Section of Ordinance: _____

OFFICIAL SIGNATURE: _____

DATE: _____

Chris A. Chinese
Building and Zoning Official