

**City of Warwick, Rhode Island
Zoning Certificate Request**

DATE: _____

RESIDENTIAL - Single Family Dwelling - _____ (\$50.00)

MULTI-FAMILY DWELLING OR COMMERCIAL PROPERTY - _____ (\$100.00)

PROPERTY ADDRESS: _____

PLAT: _____ LOT: _____ ZONING DISTRICT: _____

PROPERTY OWNER: _____

CURRENT USE(S): _____ (WE WILL VERIFY THE USE WITH CITY RECORDS)

IS THIS LOT/BUILDING/TENANT SPACE CURRENTLY VACANT? HOW LONG? _____

PROPOSED NEW USE: _____ (PLEASE BE AS SPECIFIC AS POSSIBLE):

REQUESTED BY: _____ CELL #: _____
Please print name

MAILING ADDRESS: _____

EMAIL: _____

***If the certificate is to be returned by mail please include a self-addressed stamped envelope, or the certificate will be emailed only.*

ATTEST: I hereby certify that under penalty of perjury, the information and statements given on this application 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. Furthermore, the undersigned attests that no easement, covenant or Deed restriction exists which may be in violation of this certificate.

Owner/Applicant – **PLEASE PRINT NAME**

Owner/Applicant - **SIGNATURE**

THIS CERTIFICATE DOES NOT SIGNIFY BUILDING APPROVAL AND IS NOT AN AUTHORIZATION TO UNDERTAKE ANY WORK WITHOUT THE ISSUANCE OF THE PROPER PERMITS FROM THE BUILDING DEPARTMENT. A MINIMUM OF FIFTEEN (15) BUSINESS DAYS IS REQUIRED TO PROCESS THIS ZONING CERTIFICATE.