

**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.*

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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.

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Owner/Applicant – **PLEASE PRINT NAME**

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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.