

Town of North Providence
Office of Planning and Zoning
1951 Mineral Spring Avenue
North Providence, RI 02904

Application for Zoning Certificate

Date of Request: _____ Fee: \$20.00

Property Address: _____

AP/Lot: AP _____ Lot _____

Requesting Party's Name: _____

Requesting Party's Address: _____

Phone: _____ Email: _____

Information needed on zoning certificate (other than zoning designation of property): _____

Please mail this form to the address above, with attention to "Zoning Official," or you may email your request to zoning@northprovidenceri.gov.