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