

Town of North Providence
Office of Planning and Zoning
2000 Smith Street
North Providence, R.O 02911

Application for Zoning Certificate

Date of Request: _____ Fee: \$25
Property Address: _____
AP/Lot: AP _____ Lot _____
Requesting Party's Name: _____
Requesting Party's Address: _____
Phone: _____ Email: _____

Information need on Zoning Certificate other than Zoning Designation:

Please mail this form to the address above with attention to "Zoning Official" or Drop off in person.

How would you like to receive your Zoning Certificate?

Email Mail Pick up hard copy