



Town of North Smithfield

Office of the Building and Zoning Official



APPLICATION FOR A CERTIFICATE OF ZONING COMPLIANCE

Application No: ZC-_____

FEE: _____

Date: _____

Zoning District: _____

Location: _____

Plat: _____ Lot: _____

RECORDED OWNER OF PROPERTY

Print Names (s): _____

Mailing Address: _____

City / State / Zip: _____

Daytime Phone #: (____) - _____

Signature (s): X _____

APPLICANT

Print Names (s): _____

Mailing Address: _____

City / State / Zip: _____

Daytime Phone #: (____) - _____

Signature (s): X _____

Proposed Use: _____

DO NOT WRITE BELOW THIS LINE ... FOR OFFICIAL USE ONLY

Does Lot / Structure / Use conform to current Zoning? _____ Yes _____ No

State Section of Ordinance: _____

COMMENTS _____

OFFICIAL SIGNATURE: _____

DATE: _____

Kerry Anderson Ext. 311
Building/Zoning Official