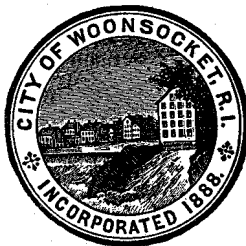


City of Woonsocket
Zoning Division



Application for
ZONING CERTIFICATE

Date: _____

Fee: \$50.00

Ck # _____

Fee is based on per address. *Make check payable to City of Woonsocket*

Subject Property: _____

Plat: _____ Lot: _____ Zoning District: _____

1. Confirm Current Use (We will verify the use according to department records): _____

OR

2. Propose New Use (Please be as specific as possible): _____

Zoning Certificate is for the following purpose:

_____ Purchase

_____ Refinance

_____ Foreclosure

APPLICANT

Print Name: _____

Address: _____

(If the certificate is to be returned by mail, please include self-addressed stamped envelope)

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail.: _____

Applicants Signature: _____

DO NOT WRITE BELOW THIS LINE OFFICE USE ONLY

Does the existing Lot / Structure / Use conform to current zoning regulations? Yes____ No____

Does the proposed Lot / Structure / Use conform to current zoning regulations? Yes____ No____

State section of the Zoning Ordinance used for determination: _____

COMMENTS: _____

OFFICIAL SIGNATURE: _____

DATE: _____

Zoning Official