

CITY OF CRANSTON
ZONING CERTIFICATE

PROPERTY ADDRESS: _____

PROPERTY OWNER: _____

PLAT # _____ LOT # _____ DATE: _____

REQUESTED BY: _____ PHONE # _____

MAILING ADDRESS: _____ FAX # _____

_____ CELL # _____

PREVIOUS / EXISTING USE: _____

IS THIS BUILDING / TENANT SPACE CURRENTLY VACANT? _____ HOW LONG? _____

PROPOSED TYPE OF USE: _____

I hereby certify that under penalty of perjury, the information and statements given on this application are true and correct to the best of my knowledge. I understand that if the information on this application is not correct or complete, the result may be the invalidation or revocation of this zoning certificate. Furthermore, the undersigned attests that no easement, covenant or deed restriction exists which may be in violation of this certificate.

X _____

(Signature of Owner and / or Applicant)

The fee for each zoning certificate is \$30. Payable by check or money order only to the "City of Cranston". (Code sec. 15.04.020, 118.2)

We are permitted fifteen (15) business days to process this zoning certificate.

TO BE FILLED IN BY THE BUILDING / ZONING OFFICIAL

ZONE: _____ LOT AREA: _____ LOT FRONTAGE: _____ FLOOD PLAIN: _____

LAST LEGAL RECORD OF USE: _____

THE PROPOSED USE IS: _____ DENIED _____ APPROVED _____ APPROVED BY VARIANCE

_____ APPROVED: **SUBJECT TO OBTAINING A CERTIFICATE OF OCCUPANCY OR USE**

THIS CERTIFICATE DOES NOT SIGNIFY BUILDING CODE REVIEW OR APPROVAL AND IS NOT AN AUTHORIZATION TO UNDERTAKE ANY WORK WITHOUT THE ISSUANCE OF THE PROPER PERMITS FROM THE APPLICABLE AUTHORITIES.

Occupancy or use prior to obtaining a Certificate of Occupancy or Certificate of Use (If required) is illegal and subject to monetary penalties and imprisonment as per the City of Cranston Zoning Code and the Rhode Island State Building Code.

DATE: _____

ZONING OFFICIAL

CHECK # _____ REC'D BY: _____ DATE PAID: _____ TOTAL FEE PAID: _____