

TOWN OF PORTSMOUTH  
Rhode Island

ZONING CERTIFICATE

No: \_\_\_\_\_

Date: \_\_\_\_\_

TO BE FILLED IN BY APPLICANT

I. APPLICATION

PROPERTY ADDRESS: \_\_\_\_\_  
PROPERTY OWNER: \_\_\_\_\_  
LOCATION OF PREMISES: \_\_\_\_\_ MAP \_\_\_\_\_ LOT \_\_\_\_\_  
REQUESTED BY: \_\_\_\_\_ PHONE \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CELL \_\_\_\_\_  
EMAIL \_\_\_\_\_  
EXISTING USE \_\_\_\_\_  
IS THIS LOT/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.

\_\_\_\_\_  
(Signature of Owner and /or Applicant)

The fee for each zoning certificate is \$100.00 Payable by check or money order only to the "Town of Portsmouth". A minimum of fifteen (15) business days is required to process this zoning certificate.

II. CERTIFICATE

TO BE FILLED IN BY THE ZONING OFFICIAL

ZONE: \_\_\_\_\_ LOT AREA: \_\_\_\_\_ LOT FRONTAGE: \_\_\_\_\_ FLOOD PLAIN: \_\_\_\_\_

LAST LEGAL RECORD OF USE: \_\_\_\_\_

I HEREBY CERTIFY THAT THE PROPOSED USE IS:

- ↑    CONFORMING
- ↑    LEGALLY NON-CONFORMING
- ↑    ZONING VARIANCE REQUIRED, NOT APPROVED
- ↑    SPECIAL USE PERMIT REQUIRED, NOT APPROVED

Zoning Ordinance Section Referenced: \_\_\_\_\_

Comments: \_\_\_\_\_

SUBJECT TO ALL TOWN AND STATE CODES AND OBTAINING A CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF USE FROM THE BUILDING OFFICIAL PRIOR TO OCCUPANCY. THE ZONING OFFICIAL MAY REQUIRE THAT COPIES OF PLANS AND SPECIFICATIONS OR OTHER INFORMATION BE SUBMITTED WITH THIS APPLICATION.

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.

DATE: \_\_\_\_\_

\_\_\_\_\_  
ZONING OFFICIAL

CHECK # \_\_\_\_\_ REC'D BY: \_\_\_\_\_ DATE PAID: \_\_\_\_\_

Distribution of Copies:

- Zoning Official
- Building Department
- Applicant
- Assessor's Office

Email or Mail To: Zoning Official - [alindo@portsmouthri.gov](mailto:alindo@portsmouthri.gov)  
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