



City of Central Falls

State of Rhode Island

ZONING DEPARTMENT

WRITTEN REQUEST FOR ZONING INFORMATION

Date Requested: _____ Person Accepting Application _____

Person Requesting Information _____

Phone/Cell# _____ Fax# _____

Property Location: _____,
Central Falls, RI 02863

Plat _____ Lot _____ Zone _____ Lot Area _____ (psf.)

What is the existing use of this Building ? _____

What was the prior use of this Building ? _____

LIST QUESTIONS HERE (PLEASE DESCRIBE IN DETAIL WHAT YOU WOULD LIKE AND YOUR INTENTIONS).

PLEASE SUBMIT A FLOOR AND SITE PLAN WITH APPLICATION. DESCRIBE IN DETAIL WHAT IS BEING REQUESTED, INCLUDING THE USE, CHANGE IN USE OF LAND OR OF THE STRUCTURE, INCLUDE A PARKING DESCRIPTION.

IF YOU ARE LOOKING FOR LEGAL USE AND A ZONING DESCRIPTION (ONLY) YOU DO NOT NEED A FLOOR OR SITE PLAN.

THERE IS A \$ 50.00 DOLLAR CHARGE FOR A ZONING REQUEST. ALL FEES ARE NON REFUNDABLE.

Please feel free to contact us at (401) 727-7460 Fax (401) 727-7467