

**Joseph L. Warner Jr.**  
*Building Official*  
*Zoning Official*  
*Minimum Housing Inspector*



4540 South County Trail  
Charlestown, RI 02813

Tel (401) 364-1215  
Fax (401) 364-1238  
Hearing/Speech Impaired,  
Dial 711-364-1210

**TOWN OF CHARLESTOWN**

**ZONING CERTIFICATE REQUEST**

In accordance with Article IV, Section 218-26(H) of the Charlestown Zoning Ordinance, I hereby request a Zoning Certificate for the following parcel.

Plat \_\_\_\_\_ Lot \_\_\_\_\_ Street Address \_\_\_\_\_

Reason for Request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant (please print) \_\_\_\_\_ Date \_\_\_\_\_

Applicant Tel. # \_\_\_\_\_ Email \_\_\_\_\_

Property Owner (please print) \_\_\_\_\_

Property Owner Signature (**required**) \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. # \_\_\_\_\_ Email \_\_\_\_\_

§218-26. Fees: Applications for a Zoning Certificate shall be submitted to the Building Official on a form he prescribes and shall pay a \$50 application fee. Certificates that require research outside the Building Official's Office for more than one hour of time shall be charged at twenty dollars per hour in addition to the \$50 application fee.

**A separate Zoning Certificate Request is required for each lot.**

**§218-25. Appeals. An aggrieved property owner affected by the Building Official's zoning determination may file an appeal with the Zoning Board of Review within ten (10) days from the date of the completed Zoning Certificate.**