

NUMBER _____
 Plat _____
 Lot _____

ZONING CERTIFICATE

TOWN OF HOPKINTON
 BUILDING / ZONING DEPARTMENT
 ONE TOWN HOUSE ROAD
 HOPKINTON, RI 02833

FEE PAID
 \$5.00
 Cash
 Check
 No. _____

DATE RECEIVED _____ 20_____

APPLICANT'S NAME _____

APPLICANT'S ADDRESS _____

PHONE () _____ LOCATION ADDRESS _____

INTENDED USE EXISTING USE (Check One)

Describe. Please Be Specific. _____

(Continue on back if necessary)

	REQUIRED:		STATUS:	
	YES	NO	APPLIED FOR	GRANTED
Special Use Permit	_____	_____	_____	_____
Use Variance	_____	_____	_____	_____
Dimensional Variance Modification	_____	_____	_____	_____
Development Plan Review	_____	_____	_____	_____

PROPERTY IS LOCATED IN ZONING DISTRICT R-1 RFR-80 NB C M

IS INTENDED, EXISTING USE PERMITTED IN THIS DISTRICT? (Check One) YES

I certify that the intended existing (check one) use of the property is fully described and agree it is the only use for which certification is requested.

The intended existing (check one) use of the property is in accordance with provisions of the Hopkinton Zoning Ordinance.

 APPLICANT'S SIGNATURE

 ZONING OFFICIAL'S SIGNATURE

DATE _____ 20_____

“Home occupation. Any activity customarily carried out for gain by a resident, conducted as an accessory use in the resident’s dwelling unit, employing not more than one (1) employee from outside the premises. The term “home occupation” includes the office of a contractor together with the daily storage on the property of not more than three commercially registered motor vehicles of a size not exceeding a gross vehicle weight rating of 20,000 pounds provided the outside storage of equipment and material in conjunction therewith is not permitted.”

I hereby state I have read the home occupation provision for the Town of Hopkinton and will comply with all conditions therein.

Name _____

Address _____

Plat _____ Lot _____

Signature _____

Print Name _____