



Building & Zoning Department
Town of Hopkinton, Rhode Island 02833

ZONING CERTIFICATE APPLICATION

DATE _____

RESIDENTIAL _____ \$25.00

COMMERCIAL _____ \$50.00 (Make check payable to Town of Hopkinton)

SUBJECT PROPERTY _____

Plat _____ Lot _____ Zoning District _____

Confirm Current Use _____

OR

Propose New Use _____ (Please be as specific as possible):

Applicant/Owner

Print Name: _____ Email Address: _____

Address: _____ Do you own this property? _____
(If the certificate is to be returned by mail, please include self-addressed stamped envelope)

City: _____ State: _____ Zip Code: _____ Phone: _____

Applicant Signature: _____

Owner Signature: _____ (If use is proposed)

Owner Print(Including Entity name): _____

FOR OFFICE USE ONLY

Lot/Structure/Use Conform to current zoning regulations? Yes _____ No _____

Comments: