



THE CITY OF NEWPORT, RHODE ISLAND – AMERICA'S FIRST RESORT
Department of Planning & Development

ZONING CERTIFICATE REQUEST FORM

DATE: _____

Location of Premises

Street & No: _____

Tax Assessor's Plat _____ Lot _____

Requesters Information (please print)

Email to send certificate _____

Owner Name _____

Owner Signature _____

Legal Representative _____

Legal Representative Signature _____

Additional Information

Please be sure to have the filing fee of \$25 while submitting this form (Cash or Check)

Once payment is received, we will begin to process your request.

Please provide a self-addressed, pre-stamped stamped envelope for mailing

Once completed, please email the filled out form to Slych@newportri.gov