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CITY OF CENTRAL FALLS
DEPARTMENT OF PUBLIC WORKS
DIVISION OF CODE ENFORCEMENT AND ZONING

1280 HIGH STREET
CENTRAL FALLS, RI 02863

OFFICE: (401) 727-7460
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City of Central Falls
Zoning Determination

Date Requested: _____ Person Accepting Application: _____

Person Requesting Information: _____

Address: _____ Phone #: _____

Address of Property Requesting Information For: _____

Owner of Property: _____

Plat _____ Lot No. _____ Zone: _____ Lot Area: _____

What is existing use of the building? _____

What was the prior use of this building? _____

Please describe in detail what you are requesting.

A floor plan, parking plan and site plan must be submitted with this request

There is a \$50.00 fee for this request. All fees are non refundable

If you are requesting a Legal Use or a Zoning Description only, you do not need to submit a site plan, etc.