



TOWN OF NARRAGANSETT
25 Fifth Avenue Narragansett, RI 02882
Tel. (401)782-0619 Fax (401)782-0620

DEPARTMENT OF BUILDING INSPECTION

Permit # _____

Project Address: _____

Plat: _____ Lot: _____

Date of Inspection: _____

I certify that I am the project Engineer/Architect/Land Surveyor for the property located at _____. I have inspected the property at Plat _____ Lot _____ and researched the special conditions of the Narragansett Zoning Board approval. I certify that the project as completed **strictly** complies with all the terms and conditions of the Planning and Zoning Board approvals.

Engineer/Architect/Land Surveyor

Stamp/Seal