

**UXBRIDGE PLANNING BOARD
FORM C
APPLICATION FOR DEFINITIVE PLAN APPROVAL**

Date: _____

Applicant: _____

Address: _____

To the Planning Board of the Town of Uxbridge:

The undersigned, being the applicant as defined under chapter 41, § 81-L, for the definitive approval of a proposed subdivision shown on a plan entitled: _____
designed by _____, dated _____ and
described as follows: _____ located _____

Map: _____, Parcel: _____
number of lots proposed _____ lots, total acreage of tract _____, hereby submits said plan
as a DEFINITIVE subdivision plan in accordance with the Rules and Regulations of the Uxbridge Planning
Board and makes application to the Board for Approval of said plan.

The undersigned's title to said land is derived from _____
by deed dated _____ and recorded in the _____ County District
Registry of Deeds, Book _____. Page _____, registered in the _____ County Registry District
of the Land Court, Certificate of Title No. _____; and said land is free of encumbrances
except for the following: _____

Said plan has () has not () evolved from a preliminary plan submitted to the Board on
(date) _____, and approved (); approved with modifications (); disapproved ()
filed with the Town Clerk on (date) _____.

The undersigned hereby applies for the approval of said DEFINITIVE plan by the Board, in belief that the
plan conforms to the Board's Rules and Regulations.

Applicant's Name (print): _____ Signature: _____

Applicant's Address: _____

Applicant's Telephone: _____ Date: _____

Owner's Name (print): _____ Signature: _____

Owner's Name (print): _____ Signature: _____

Owner's Address: _____

Owner's Telephone: _____ Date: _____

Engineering Firm: _____

Engineer's Name: _____ Signature: _____

Engineer's Address: _____

Engineer's Telephone: _____ Date: _____

Land Surveying Firm: _____

Land Surveyor's Name: _____ Signature: _____

Land Surveyor's Address: _____

Land Surveyor's Telephone: _____ Date: _____

Applicant's Authorization if not the owner: _____

Received by the Town Clerk:

Date: _____

Time: _____

Signature: _____

Received by the Board of Health:

Date: _____

Time: _____

Signature: _____

Please Refer To Subdivision Rules And Regulations
For A Complete List Of Materials To Be Submitted With Application.