



## Town of Uxbridge Board of Health

21 South Main Street, Room 204

Uxbridge, MA 01569

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### **REQUEST TO EXTEND DESIGN PLAN PERIOD OF VALIDITY**

*In accordance with 310 CMR 15.020 Approved Disposal System Construction Permit Applications (septic designs) are to be completed within 3 years of issuance (approval date of plan) of Permit Application. The Local Approving Authority may extend that date by one year if the request is made prior to the extension of the 3 year timeframe. Only one extension may be granted. Failure to request an extension within the 3 years OR if a Certificate of Compliance is not issued within the one year extension timeframe a new permit application will be required. This will include a request to extend Soils/Percolation testing and submittal of new design plans. Any changes in State or Local regulations in effect will be required to be shown on the re-submitted plans.*

#### **FEE: \$125.00**

(Check made payable to the Town of Uxbridge)

DATE: \_\_\_\_\_

I hereby make a request to the Uxbridge Board of Health to Extend the Disposal System Construction Permit Application by one year at the following location:

Property Location: \_\_\_\_\_ Uxbridge Permit # \_\_\_\_\_  
(taken from Application for soils testing)

Date of Plan: \_\_\_\_\_ Date of Last Revision noted on Plan: \_\_\_\_\_

Date of Board of Health Approval: \_\_\_\_\_

Name of Design Plan Engineer: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

#### **For Board of Health Use Only**

Date of Inspection of above referenced property: \_\_\_\_\_

Board of Health Recommendation:      *Approved*      *Disapproved*

Reason for disapproval: \_\_\_\_\_

Design Plan extended to date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Board of Health Agent