

**TOWN OF UXBRIDGE
PLANNING BOARD**
21 South Main Street
Uxbridge, MA 01569-1851
508-278-8600 Ext. 2013 Fax 508-278-8605

EXPORTATION PERMIT APPLICATION

Non-exempt exportation activities require an Exportation Permit from the Uxbridge Planning Board pursuant to General Bylaw Chapter 181. Applications for Exportation Permits shall include the following:

- Completed Exportation Permit Application & all items described in General Bylaw Chapter 181 (attached)
- New applications must include a certified abutter list and 3 sets of labels from the Assessor's Office
- New applications must include certified return receipt labels, postage, stamps and self-sealing envelopes required for mailing to abutters (Certified Labels for Public Hearing notices & Stamps for Decision notices)
- A copy of current/renewed Bonds for each permit. Bonds must identify the full address of the gravel operation, map & parcel numbers & the gravel permit #. All original surety & bonds must be filed with the Town of Uxbridge Treasurer. Surety shall not be less than \$2000.00 for each acre of the proposed site.
- A check in the amount of \$1,200.00 (new application fee) or \$400.00 (renewal fee) for each permit, made payable to the Town of Uxbridge, with the permit # placed in the memo portion of the check.
- A check in the amount of \$1,500 (new application) or \$900 (renewals) for engineering reviews made payable to the Town of Uxbridge.
- Applicant should confirm zone with Zoning Enforcement Officer
- *Note: Include any letter from Zoning Enforcement Officer.

Please submit **10 hard copies & 1 electronic copy** of all information to:

Land Use Office
21 South Main Street, Rm 205
Uxbridge MA 01569-1851
Planning@uxbridge-ma.gov

☐ New Application ☐ Renewal, Permit Number _____ Zone _____

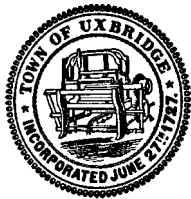
OFFICE USE ONLY - date received:

I. PROPERTY INFORMATION (LOCATION OF PROPOSED EXPORTATION):

Address:	
Map/Parcel ID(s):	Book/Page:

II. APPLICANT INFORMATION:

Printed Name:	Title/Role:
Owner Signature:	Date:
Mailing Address, City, State, Zip code:	
Phone #:	Email:



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III. OWNER INFORMATION:

Printed Name:	Title/Role:
Owner Signature:	Date:
Mailing Address, City, State, Zip code:	
Phone #:	Email:

IV. BUSINESS INFORMATION:

Name of Business:	Authorized Agent: Signature & Printed Name
Business Owner's Signature:	Date:
Mailing Address, City, State, Zip code:	
Phone #:	Email:

V. ADDITIONAL CONTACT INFORMATION:

Name:	Authorized Agent: Signature & Printed Name
Signature:	Date:
Mailing Address, City, State, Zip code:	
Phone #:	Email:

EXPORTATION
Annual Report to the Town of Uxbridge

Per Chapter 181 of the Town of Uxbridge Bylaws, all holders of permits to remove earth must submit a report for the preceding 12 months of operation.

This report must be submitted to the Planning Board on or before the expiration date of your permit. Attach additional supporting information as necessary.

Permit Number: _____ (Renewals)

Permit Holder Name: _____

Contact Name: _____ Contact Number: _____

Location of Operation: _____

Map(s): _____ Parcel(s): _____

EXPORTATION

Amount of Material Removed (cubic yards): _____

Type(s) of Material Exported _____

Area filled (square feet or acres) _____

RESTORATION

Area restored (square feet or acres): _____

Date(s) of restoration: _____

Amount of topsoil/loam replaced: _____

Groundcover/seed mix used: _____

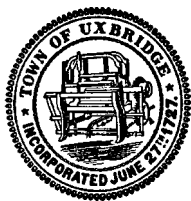
Owner Signature _____

Applicant Signature _____

Business Agent Signature _____

OFFICE USE ONLY - date received:

Application form adopted by Planning Board on 08/23/2017



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OFFICE USE ONLY:

Public Hearing:

➤ **Hearing Date:** _____

Prior to Public Hearing:

a) **Date notice to abutters mailed on** _____

b) **Date of Public notice in newspaper** _____

c) **Date of notice sent requesting comment (if required/applicable):**

➤ **Board of Health** _____

➤ **Conservation Commission** _____

➤ **Zoning Enforcement Officer** _____

➤ **Graves Engineering** _____

➤ **LSP (if different)** _____

Date Granted/Denied: _____

Attach Conditions/Uxbridge General Bylaws Chapter 181

Additional Comments: