



Application for Historic District Commission Certificate

Town of Uxbridge, Massachusetts
21 Main St. Uxbridge, Massachusetts 01569

☐ Approved

☐ Denied

By: _____

Please Check one:

☐ Appropriateness ☐ Hardship ☐ Non applicability

Date Received: _____ Building Permit #: _____

Applicant Name or Company: _____

Applicant Phone: (____)-____-____ Email: _____

Project address: _____ Year Built: _____

Project Information

Type of structure (check all that apply):

☐ Home ☐ Commercial Property ☐ Garage ☐ Out Building

☐ Other _____

Type of Proposed Work (check all that apply):

☐ Addition ☐ Alteration ☐ New construction ☐ Replacement

☐ Sign ☐ Demolition ☐ Other _____

Please describe scope of work (use another sheet if necessary):

If known, please briefly describe the history of the property:

Where applicable this application must include 3 copies of the following

Proposed Building Elevation Plans	Photograph of Existing structure Street Facing	Assessor Map Or Site Plan
Building Product / Material Information	Photographs of Abutted Properties	Structural assessment (for Demolition Only)

(All plans **MUST** be dated, drawn to scale, and clearly labeled. An inaccurate or incomplete application will **NOT** be accepted. Please review Historic District Bylaws for further information.)

Exclusions: http://www.uxbridge-ma.gov/Pages/UxbridgeMA_Bcomm/HistoricDist/218.pdf

NOTE: This Application MUST be accompanied by a Building Permit Application.