



**Town of Lexington
Planning Office**

Land Use, Health and Development Department
1625 Massachusetts Avenue
Lexington, MA 02420

Tel: (781) 698-4560

FORM G-CE

**DESIGNER'S CERTIFICATE
CIVIL ENGINEER**

_____ (date)

To the Planning Board:

Assessor's map and lot #: _____

Development application type: _____

I hereby certify that: (Please fill in the relevant blanks.)

1. the accompanying plan, entitled: _____

and dated _____, is true and correct to the accuracy required by the Rules and Regulations of the Lexington Planning Board;

2. that the completed construction complies with the approved definitive subdivision plan, any written changes made after the approval of the plan and the Standard Specifications;

3. other: _____

Identifying information of Civil Engineer:

Civil Engineer

Address

Phone

Space for Professional
Registration Stamp