



Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director
90 Pond Street - Braintree, Massachusetts 02184

Building Division Telephone: 781-794-8070 Fax: 781-794-8022
Health Division Telephone: 781-794-8090 Fax: 781-794-8098

Joseph C. Sullivan
Mayor

In - Law Accommodation Affidavit of Restriction

I / We, _____
Do hereby depose and state under oath that I / We are the owner-occupant(s) of a certain premises in the Town of Braintree, County of Norfolk, Massachusetts, known as and numbered _____ (For title see deed recorded in Book _____, Page _____) and state further that the structure and buildings proposed to be constructed or altered on said premises shall be used for the purpose of a single family dwelling house until such time as the Town of Braintree through its Zoning By-Laws allows for the premises to be used for and / or converted to other purposes.

This restriction shall run with and be binding on the premises in subsequent conveyances.

Signed under the pains and penalties of perjury.

Commonwealth of Massachusetts

Norfolk, ss

Date _____

Then personally appeared the above named _____

_____ and acknowledged the foregoing instrument to be

his / their free act and deed before me.

Notary Public

My Commission Expires: ____ / ____ / ____

This document shall be recorded at the Norfolk County Registry of Deeds and proof of said recording submitted to the Braintree Building Department along with a copy of this affidavit with original signatures and stamps.