



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, know 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.