

Return To:
Plymouth Public Health Department
26 Court St. Plymouth, MA 02360

Address

Parcel ID #

Owner(s)

TITLE 5 DEED RESTRICTION

This Restriction is entered into on the _____ day of _____, 20____,
by _____, and the **TOWN OF
PLYMOUTH**, by and through its Board of Health.

WHEREAS, _____ is/are the Owner(s)
of certain real estate located at _____, Plymouth,
Plymouth County, Commonwealth of Massachusetts, as described in a deed recorded with
the Plymouth County Registry of Deeds (the "Registry") in Book _____, Page _____
(hereinafter referred to as the "Property"), and further described as follows:
Parcel ID: _____

In accordance with and pursuant to an Order of the Town of Plymouth Board of Health
respecting the installation of a sewage disposal system, the Property located at
_____, Plymouth, Massachusetts (Assessor's Parcel
Identification _____) shall be subject to the restriction that is
shall not include more than _____ bedrooms. This Restriction shall be released or
modified only by an instrument executed by the TOWN OF PLYMOUTH Board of
Health.

EXECUTED as a sealed instrument this _____ day of _____, 20____.

By: _____
Name: _____

By: _____
Name: _____

COMMONWEALTH OF MASSACHUSETTS

PLYMOUTH, SS.

On this _____ day of _____, 20__, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was ☐ photographic identification with signature issued by a federal or state governmental agency, ☐ oath or affirmation of a credible witness who is personally known to me and who has stated to me that he/she is unaffected by the document or transaction and that he/she knows the person(s) whose name(s) is/are signed on the preceding/attached document, ☐ personal knowledge of the undersigned, to be the person(s) whose name is/are signed on the preceding/attached document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose.

Notary Public

My commission expires: