

TOWN OF NORWELL
BOARD OF APPEALS

P.O. Box 295
345 Main Street
Norwell MA 02061

Tel: 781.659.8018
Fax: 781.659.1892



IN-LAW APARTMENT AFFIDAVIT
To be attached to Form ZBA-1, Application for Public Hearing

TOWN USE ONLY (Official Date Stamps below)

Received by the Board of Appeals: _____ Received by Town Clerk's Office: _____

I/We, _____ and _____
_____, being on oath, depose and state as follows:

I/We reside at (street address) _____
_____, property that I/we
purchased on (date) _____, and which is my/our domicile and principal
residence, being shown on Norwell Assessor's Map, Plan, and Lot No. _____

The following members of my/our family will be the sole occupant(s) of the In-Law Apartment:

Name/Relationship to Owner: _____

Name/Relationship to Owner: _____

It is a condition of any Special Permit that may be granted for this purpose that if the unit shall be vacated by the above-identified family members, I/we shall within thirty (30) days notify the Office of the Building Inspector and shall immediately remove any appurtenances associated with such use, especially areas used for meal preparation, e.g. kitchens of any size or type.

I/We understand that in the event of the sale or transfer of ownership of the above property, I/we are required to notify the Office of the Building Inspector and to surrender any Special Permit granted for such In-Law Apartment.

Sworn to under the pains and penalties of perjury:

Signature(s) _____ Date _____

Signature(s) _____ Date _____

Mail Address (if not property address): _____