TOWN OF HARVARD

13 Ayer Road
Harvard, Massachusetts 01451
(978) 456-4100

Office of the
BOARD OF HEALTH

The following language is required to be recorded with your deed if a bedroom count restriction applies to your property.

DEED RESTRICTION

I / We _____, do hereby agree that the following Deed Restrictions shall be incorporated into the Deed to the property situated at _____, Harvard, Worcester, Massachusetts, being more particularly described in a deed duly recorded with the Worcester South District Registry of Deeds in Book _____ at Page _____ further described in Exhibit A attached hereto:

The buildings and improvements presently existing and hereafter constructed on the property situated at _____, Harvard, Worcester, Massachusetts, which is described in the deed referenced above shall not contain in excess of _____ (____) bedrooms per the Harvard Board of Health regulations, until such time as approval is obtained from the said Harvard Board of Health for expansion of the septic system capacity in order to meet the design flow requirements under Title 5 (310 CMR 15.290 et seq) for additional bedrooms.

For my / our title see deed from _____ dated _____ and duly recorded with the Worcester South District Registry of Deeds in Book _____ at Page _____.

In Witness Where of I/we have hereunto set my / own Hand(s) and Seal(s) this _____ day of _____, 20_____.

Property Owner(s):

_____ _____

COMMONWEALTH OF MASSACHUSETTS

Worcester, ss. _____, 20____

Then personally appeared _____, having provided satisfactory evidence of his /her /their identity(ies) in the form of a current Massachusetts Drivers License, and stated that he /she / they executed the foregoing voluntarily for the purposes stated therein as his / her / their free act and deed, before me.

_____
Notary Public
My commission expires:

The Town of Harvard Board of Health, pursuant to a vote of the majority of its members on at its meeting on _____ day of _____, 20_____, hereby accepts the Deed Restriction for property located at: _____, Harvard, Massachusetts.

Board of Health Members: _____

_____

_____

COMMONWEALTH OF MASSACHUSETTS

Worcester, ss. _____, 20____

Then personally appeared _____, having provided satisfactory evidence of his /her /their identity in the form of a current Massachusetts Drivers License, and stated that he /she / they executed the foregoing voluntarily for the purposes stated therein as his / her / their free act and deed, before me.

_____

Notary Public

My commission expires: