



DEED RESTRICTION

Date

Name

Address

Town, State, Zip

RE: Address, Village

Map: Parcel:

Certificate:

LCP:

As required by the Town of Dennis Health Department, I/we, _____ hereby acknowledge that the approval by the Town of Dennis Board of Health for the installation of the new septic system requires that a deed restriction be placed on record with the Barnstable County Registry of Deeds, in accordance with 310 CMR 15.000: The State Environmental Code, Title 5, stating that the septic system installed on my property, see deed at Certificate _____ located at _____, MA, as shown on Town of Dennis Assessors' Map _____, Parcel _____, restricts the dwelling to a two-bedroom residence.

WITNESS our hands and seals this _____ day of _____, 2018.

Then personally appeared the above named _____

and acknowledged the foregoing instrument to be their free act and deed, before me.

Notary Public

My Commission Expires: _____