



TOWN OF CARVER

Permitting Department

108 Main Street, Carver, MA 02330
Phone: 508-866-3450 Fax: 508-866-3430

ACCESSORY APARTMENT AFFIDAVIT

To comply with Section 2262 (d) and 2263 of the Town of Carver Zoning By Laws...

That I, _____ shall be
Property Owner Name

residing at _____ ,
Property Address

and that the addition being constructed shall be solely used to house an elderly/handicapped person (elderly is considered to be a person 55 years or older and handicapped is a physical handicap; per 2261).

Signed under penalties of perjury, undersigns declare that they hereby certify that the information provided is true and said Accessory Apartment is in accordance with Section 2262 and 2263, in its entirety.

The undersigned also acknowledges that in accordance with Section 2263 that an Accessory Apartment is only valid for three (3) years and that this affidavit is to be re-submitted for approval.

Signature of Owner

Date

Signature of elderly/handicapped person

Date

Commonwealth of Massachusetts

County of Plymouth

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared the above-named _____, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding document, and acknowledged to me that (s)he signed it voluntarily for its stated purpose.

Notary Public Signature _____

My Commission Expires _____