

**DEED RESTRICTION**

It is the responsibility of the applicant to record the required deed restriction per 310 CMP 15.000, Title V. The following is a suggested format, but the final document should be approved by your Attorney prior to recording. It is not the responsibility of the Board of Health to provide a legal document for a chain of title issue.

**NOTICE OF VARIANCE/DEED RESTRICTION/RESTRICTIVE COVENANT**

Pursuant to 310 CMR 15.00, Title V and as a condition of the Middleton Board of Health, notice is hereby given that real estate located at \_\_\_\_\_, Massachusetts, (a.k.a. Assessor's Map# \_\_\_\_\_ Parcel# \_\_\_\_\_) as described in a deed for \_\_\_\_\_ going to \_\_\_\_\_, dated \_\_\_\_\_ and received in the South Essex County Registry of Deeds in Book \_\_\_\_\_ Page \_\_\_\_\_ and Document # \_\_\_\_\_ is the subject of a restrictive covenant required by the Middleton Board Of Health and the State Environmental Code 310 CMR 15.000. The restrictive covenant is as Follows: No additional flow of added bedrooms shall be introduced into the sanitary system of the existing five bedroom residence. Any increase in flow, pursuant to 310 CMR 15.352, to the septic system requires a septic system expansion/upgrade.

The restrictive covenant set forth herein shall remain in effect for the maximum period permitted under Massachusetts law, unless sooner amended or terminated by consent of the Middleton Board of Health or Massachusetts Department of Environmental Protection.

The provisions contained herein shall run with and bind the owners of the land and their heirs, devisees, legal representatives, successors, and assigns.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Signature of the owner(s) \_\_\_\_\_

**Commonwealth of Massachusetts**

Essex ss

Date \_\_\_\_\_, 20\_\_

The personally appeared the above-named \_\_\_\_\_

And acknowledged the foregoing instrument to be his/her/their free act and deed before me.

\_\_\_\_\_  
Name Notary Public