



TOWN OF YARMOUTH

1146 ROUTE 28, SOUTH YARMOUTH, MASSACHUSETTS 02664-24451

Telephone (508) 398-2231, ext. 241

Fax (508) 760-3472

Board of
Health
-
Health
Division

APPLICATION FOR TITLE V DEED RESTRICTION

The information requested below must be accurate and completed in full to ensure the deed restriction can be completed properly and in a timely manner.

1. Town of Yarmouth Assessor's Book (most current):
Map_____ Lot_____ Address_____
2. The property deed is recorded at the Barnstable County Registry of Deeds in
Deed Book_____, Page_____ or Land Court Certificate _____.
3. The lot indicated above is shown on a plan of land entitled:_____
_____, dated_____.
The plan of land for the lot is recorded at the Barnstable County Registry of Deeds in Plan
Book_____ Page_____ or Land Court Plan _____.
4. The engineered septic plan has been prepared by _____
and dated _____.
5. Board of Health approval date _____.
6. The number of bedrooms is restricted to _____.
7. Owner Name: _____
Address: _____

The required information supplied to this department for the application of a Title V Deed Restriction is correct as shown above.

Applicant_____ Date_____