



OFFICE OF THE BUILDING DEPARTMENT  
**TOWN OF EAST BRIDGEWATER**

[www.eastbridgewaterma.gov](http://www.eastbridgewaterma.gov)

175 CENTRAL STREET

EAST BRIDGEWATER, MASSACHUSETTS 02333-1912

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**TOWN OF EAST BRIDGEWATER ACCESSORY FAMILY UNIT AFFIDAVIT**

I, \_\_\_\_\_, hereby swear, depose and state the following:  
(Homeowner name(s))

1. I am above the age of eighteen (18) and believe in the obligation of an oath;
2. I have read, acknowledge, understand and will comply with the conditions of East Bridgewater Zoning By-Law Section 6.D.(7) Accessory Family Unit in a single family dwelling;
3. I acknowledge and understand that my property located at \_\_\_\_\_ as referenced in my deed recorded at Plymouth County Registry of Deeds in Book \_\_\_\_\_, Page \_\_\_\_\_ shall remain an owner occupied single family dwelling;
4. I acknowledge and understand that my application for an Accessory Family Unit and/or any approval of such application shall not in any way qualify my property as a two family dwelling.

Signed under the pains and penalties of perjury this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Homeowner

**COMMONWEALTH OF MASSACHUSETTS**

Plymouth County, ss

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, \_\_\_\_\_ (name of document signer) personally appeared, proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document in my presence.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_