

OWNERSHIP CERTIFICATE

Project Address:

Application Date:

This form is to be completed by the property owner, signed, and submitted with the Special Permit Application:

I hereby authorize the following Applicant:

at the following address:

to apply for a special permit for:

on premises located at:

for which the record title stands in the name of:

whose address is:

by a deed duly recorded in the:

Registry of Deeds of County:

Book:

Page:

OR Registry District of the Land Court,
Certificate No.:

Book:

Page:

Signature of Land Owner (If authorized Trustee, Officer or Agent, so identify)

To be completed by Notary Public:

Commonwealth of Massachusetts, County of _____

The above named _____ personally appeared before me,

on the month, day and year _____ and made oath that the above statement is true.

Notary: _____

My Commission expires: _____