



TOWN OF WEST BOYLSTON ZONING BOARD OF APPEALS

140 Worcester Street * West Boylston MA 01583 * zba@westboylston-ma.gov

AFFIDAVIT of RESIDENCY

I, _____, being duly sworn, deposes and says:

1. I am the owner of the premises located at _____.
2. I am familiar with the buildings and structures located on the subject premises as shown on the survey of _____, dated _____ and acknowledge the use of the premises is for a single family dwelling only.
3. I presently reside in and will continue to occupy the subject single-family dwelling and this dwelling is and will continue to be my domicile or principal place of abode.
4. I make this affidavit knowing full well that the town of West Boylston and Zoning Board of Appeals will rely upon the facts as stated herein to issue a Special Permit for an Accessory Apartment pursuant to West Boylston Zoning Bylaws Section 3.4.

Dated: _____

Sworn to before me this _____

Day of _____, 20____.

Signature

Town Clerk

Print Name