



Town of Salisbury, MA

Building/Zoning Department

ZONING AFFIDAVIT

DATE _____

OWNER of RECORD _____

STREET _____

CITY, STATE, ZIP _____

RE: ADDRESS _____ Salisbury, MA 01952

Map ____, Lot ____

I hereby attest under the pains and penalties of perjury the following;

- That I have submitted stamped *and/or* certified plans, prepared by a registered design professional, that indicate that the proposed work to be done meets all zoning requirements of the Town of Salisbury under the Zoning Bylaw, Ch. 300.

or

- That I have submitted documentation from the Town of Salisbury giving me relief from those requirements for the specific project in question only.

or

- That I agree to indemnify the Town of Salisbury and assume all responsibility for any zoning infractions for any construction done without stamped *and/or* certified plans or construction that has deviated from those plans.

Signature of Property Owner