Appendix A.
Example Deed Restriction Template
Example Deed Restriction Template

THIS DEED RESTRICTION is made this _____ day of __________, ___,
date            month           year
by ____________________________,
name

_________________________________, ___________________,
street address       city/town

________________________ County, New Hampshire, _____________,
county      zip code
(hereinafter referred to as the “Grantor”, which includes the plural of the word where the
context requires, and shall, unless the context clearly indicates otherwise, include the
Grantor’s heirs, administrators, legal representatives, devisees, successors, and assigns)
and hereby imposes the following deed restrictions on those lots specified herein and as
described on a plan entitled,

_______________________________________________________
name of plan
dated ______________, consisting of ______ sheets, by
              #

_______________________________________________________,
survey/engineering firm
recorded at Book # _______, Page # _______ at the __________________
county
County Registry of Deeds (hereinafter referred to as the “Plan”), as follows:

Select one or more as appropriate:
    Natural buffer conservation area
    Wetland buffer conservation area
    Critical habitat protection area
    Open space area
    Limited fertilizer application area
    Limited insecticide and/or herbicide application area
    Limited road salt application area
    Other

To all lots which contain _____________________________
enter designated area from above
as referred to on the Plan, and marked with permanent survey monuments on each lot:

That within the ________________________________,
enter designated area from above
which consists of a designated area on said plan, the following restrictions apply:
Select one or more as appropriate:

Removal of vegetation is prohibited, except for removal of dead, diseased, or invasive species.

Fertilizer application is prohibited except for fertilizer that contains no more than ___ % of phosphorus and ___ % of nitrogen by weight. Fertilizer shall be applied no more than once in the spring and once in the fall at an application rate not to exceed _____ lbs/acre.

Fertilizer application is prohibited.

Insecticide and/or Herbicide application is prohibited or limited as follows:

Use of road salt shall be minimized as follows:

Other (specify)

Include if appropriate:

To all lots which contain on lot best management practices (BMPs) as referred to on the Plan, including, but not limited to rain gardens, bioretention areas, vegetated swales, or other management practices intended to retain and treat stormwater runoff:

The Grantor acknowledges and agrees to:

Assume responsibility for proper maintenance of stormwater quality best management practices.

Perform maintenance and inspection of best management practices, not less than once annually in accordance with NHDES approved ______________ plan of ___ (date).

Retain written proof that the inspection and maintenance were performed, with said proof being retained for a period of not less than five (5) calendar years and provided to NHDES upon request.

This deed restriction shall run with the land and shall be binding upon the Grantor, tenants and any subsequent owners and tenants, their successors, heirs or assigns. Any lease of said specific parcels shall be subject to this restriction.

The above represent enforceable conditions established by the New Hampshire Department of Environmental Services that are necessary to meet NH Surface Water Quality Standards. These conditions are intended to be complied with in perpetuity.
IN WITNESS WHEREOF, I hereby set my hand this _____ day of 

__________, ________.

month       year

GRANTOR:  

__________________________________________  

By: ________________________________________  

representative name, title

Duly Authorized

STATE OF NEW HAMPSHIRE

County of _______________________

On this _____ day of __________________, ______, before me 

date     month             year

___________________________________, the undersigned officer,  

name of notary public  

personally appeared ____________________________________, who  

representative name

acknowledged himself/herself to be the __________________________ of  

representative title

executed the foregoing instrument for the purposes contained therein.

In witness whereof, I have set my hand and official seal.

___________________________________  

Notary signature

Commission Expiration Date:   enter notary name and date

(Seal)