Maple Ridge Creek Village

Condominium Association

<u>MODIFICATION REQUEST FORM – Decorative Lighting</u> (Approval of the Board of Directors is required PRIOR to the commencement of any modification.)

Co-owner Name:	Phone #:
Address:	Unit #
Requested Modification: Decorative Ligh	iting following requirements of policy MRC006.
	be buried so as to be completely covered. If power er garage door corner must be neat and unobtrusive. by not exceed a height of 24 inches.
Description of Modification: Please atta Provide the following:	ch a diagram showing location and positions of lights.
Type of Lights: Low voltage110 v	olt (address spotlight only) Solar
Power source: Existing exterior outlet	_ Under garage door Through wall
Where installed: Front of unit	Rear of unit Side of unit
Number of light fixtures installed:	
Spotlight on house number: Yes_	No
Color of fixtures: Black	Other (indicate color)
Manufacturer's Model Number (if know	n):
 obtained at my expense, before any we I have read all applicable sections of the All future maintenance resulting from the includes any damage done to any conduring the burying of underground lines As a result of this modification, if the reimburse the Association. I understand it is my responsibility to a going responsibility for this modification I understand that, should any legal medifications to this variance, they will I will be responsible for any damage can 	will be followed and all necessary permits will be ork begins on this modification. The Bylaws and/or Policies and understand them the modification will be performed at my expense. This example of the modification will be performed at my expense. This example of the modification will be performed at my expense. It will the modification incurs any maintenance costs, I will endvise future assigns or owners of this unit of their one of the modification and the future, and the modification will be done at my expense. The modification will be performed at my expense and the modification will be done at my expense. The modification will be performed at my expense and the modification will be done at my expense.
Signature of Co-owner:	Date:
Approved by:	Date:

Mail this completed form to the Management Company.