

MAPLE RIDGE CREEK VILLAGE CONDOMINIUM ASSOCIATION POLICIES

MODIFICATION REQUEST FORM: Radon Remediation

(Approval of the Board of Directors is required prior to the commencement of any modification.)

Co-owner Name: _____ **Phone:** _____

Address: _____ **Unit #:** _____

Requested Modification *[Check Whatever Applies]:*

Exterior Appearance _____ Landscape _____ Structural _____ Pavers _____ Other _____

MRC Policy Number that Applies: 028

Explanation of Modification: *[If applicable, a diagram indicating distances from condo walls, driveway, and/or walkways and the position of sprinkler heads must be included with this form.]*

The work will be performed by: _____

Attached are the results of two radon Tests and a Remediation Plan submitted by

PLEASE READ THE FOLLOWING CLOSELY BEFORE SIGNING:

1. All applicable codes and regulations will be followed and all necessary permits will be obtained at my expense, before any work begins on this modification.
2. I have read all applicable sections of the Bylaws and/or Policies and understand them.
3. All future maintenance resulting from this modification will be performed at my expense.
4. As a result of this modification, if the Association incurs any maintenance costs, I will reimburse the Association.
5. I understand it is my responsibility to advise future assigns or owners of this unit of their on-going responsibility for this modification.
6. I understand that, should any legal regulatory agency require, at any time in the future, modifications to this variance, they will be done at my expense.
7. **Whenever indicated in a Policy, a recordable Modification and Alteration Agreement must be included.**
8. I hereby certify that all of the above information is truthful and accurate.

Signature of Co-owner: _____ **Date:** _____

Approved by: _____ **Date:** _____

Mail this completed form to the Management Company.

Form MRC028: Radon Remediation