

**THE INVERNESS ASSOCIATION  
ARCHITECTURAL CONTROL COMMITTEE REVIEW FORM**

***In addition to the original application and its attachments, three (3) copies of the completed form with three (3) copies of all attachments must be received in order to process your application.***

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In accordance with the Architectural Control Committee of the Inverness Association, Inc., I request your consent to make the following changes, alterations, renovations, additions, and/or removals to the exterior portion of my unit: **(describe in detail, use back of form if needed, and attach a copy of the plans and specifications. If work is painting the exterior of your home, a paint chip must be provided indicating the brand and color of paints requested for approval. If replacing the roof, a sample of the shingle you intend to use must be provided indicating the brand and color requested for approval.) Please include a copy of your official plat/survey with the application.**

I understand that under the Architectural Control Committee of The Inverness Association, Inc., the Board of Directors or its designated committee will act on this request and provide me with a written response of their decision.

**I further understand and agree to the following:**

1. All work will be done at my expense and all future upkeep will remain at my expense.
2. All work will be done expeditiously once commenced and will be done in a good workmanlike manner by myself or a contractor.
3. All work will be performed at a time and in a manner to minimize interference and inconvenience to other unit owners.
4. I assume all liability and will be responsible for all damage and/or injury which may result from performance of this work.
5. I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work. I will be responsible for complying with, and will comply with, all applicable federal, state and local laws, codes, regulations, and requirements in connection with this work, and I will obtain any necessary governmental permits and approvals for the work. I understand and agree that The Inverness Association Board of Directors, its agents and its designated committees have no responsibility with respect to such compliance and that the Board of Directors; or its designated committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications or work comply with any law, code, regulation or governmental requirement.
6. The contractor is \_\_\_\_\_

7. If approved within thirty-five (35) days, the work would start about \_\_\_\_\_ and would be completed by \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***In addition to the original application and its attachments, three (3) copies of the completed form with three (3) copies of all attachments must be received in order to process your application.***

**Please return to:** **Inverness Architectural Control Committee**  
C/O Vanguard Management Associates, Inc.  
PO Box 39  
Germantown, MD 20875

FOR COMMITTEE USE ONLY: Date Received: _____
APPROVED (signature): _____ Date: _____
DISAPPROVED (signature): _____ Date: _____
COMMENTS/CONDITIONS: _____

