



Hardy County Barn Quilt Trail

A Program of Lost River Education Foundation

Application for Barn Quilt

(Please print clearly)

Please email application to: hcbarnquilttrail@gmail.com or mail to: P O Box 26, Lost City WV 26810

Applicant's Name: _____

Business Name (If Applicable): _____

Mailing Address: _____

Phone: _____ Email: _____

Site Location (Hardy County 911): _____

- I wish to have the HCBQT create and install my Barn Quilt [] Yes [] No
- If no above, I will create and install my own Barn Quilt and wish to be included on the HCBQT. [] Yes
- Will the Barn Quilt be visible from a public road? [] Yes [] No
- Is there a safe place for people to pull over to take photographs? [] Yes [] No
- Is it permissible for people to enter your private property? [] Yes [] No
- I own the property where the Barn Quilt will be installed. [] Yes [] No [] *If no, Property Owner is required to also sign this application*
- Is zoning or historic district approval required? [] Yes [] No [] *If yes, approval attached*
- Barn Quilt Size: [] 2' x 2' [] 4' x 4' [] 4' x 8' [] 8' x 8' [] Other: _____

[] I have attached a draft image of the Barn Quilt pattern and your choice of colors to this application. I understand that if my choice of pattern has already been selected by another Applicant, I may use the same pattern but with different colors.

[] If I am using a unique/contemporary design, a schematic drawing & sample colors have been attached.

[] I wish to have HCBQT install my Barn Quilt on my barn or building.

[] By signing below. I am giving permission for heavy equipment to be driven onto my property to install the completed Barn Quilt in the agreed upon location.

[] I understand that as the Applicant and/or Property Owner I must have a signed and notarized HCBQT Indemnification Form attached to this application.

[] I understand I will be notified in advance of the date and time for installation and that I or my representative *must* be present during the entirety of the installation. If I or my representative is not present, the Barn Quilt will not be installed.

[] I will arrange for the installation of my own completed Barn Quilt on my barn or building.

[] I have read & accept the terms of the HCBQT Guidelines [] Initials

Applicant's Printed Name

Applicant's Signature

Date

Property Owner's Printed Name (If Applicable)

Property Owner's Signature

Date

FOR HCBQT COMMITTEE:

Application Completed

Application Approved

Applied for BQT grant & HCCVB has been notified of HCBQT application approval. Yes No

Zoning or historic district approval required, if applicable: Yes No Rec'd:

Property Owner approval required, if applicable: Yes No Rec'd:

Name and Address of Property Owner, if applicable: _____

Signed and notarized HCBQT Indemnification Form received: Yes No

Barn Quilt is completed Date of completion: _____

Installation to be provided by Applicant: Yes No Date of Installation: _____

Barn Quilt will be installed by HCBQT: Yes No Date of Installation: _____

Special installation instructions/conditions: _____

Basic Cost of Barn Quilt: \$ _____

Additional Fees: \$ _____ For _____

Additional Fees: \$ _____ For _____

Subtotal of Barn Quilt: \$ _____

HCCVB Grant Amount, if applicable: \$ _____ 50% of Subtotal up to \$250

Balance Due by Applicant: \$ _____

Payment received from Applicant: \$ _____ Date Rec'd: _____

Purchase order rec'd from Applicant: \$ _____ Date Payment Rec'd: _____

HCCVB payment received: \$ _____ Date Rec'd: _____

Notes: _____

Application Denied

Reason for denial: _____

Applicant will reapply: Yes No Undecided

Printed Name of HCBQT Committee Member

Signature of HCBQT Committee Member

Date