**Hardy County Barn Quilt Trail**

**A Program of Lost River Education Foundation**

**Application for Barn Quilt (Please print clearly)**

**Please email application to:** **kathrynkavanagh401@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 to 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 view the Barn Quilt? [ ] 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 my 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.**

**[ [ 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 understand that HCBQT does not install 2’x2’ Barn Quilts.**

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

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

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**Applicant’s Printed Name Applicant’s Signature Date**

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 (If Applicable)

**Property Owner’s Printed Name Property Owner’s Signature Date**

**For HCBQT Committee:**

**[ ] Application Completed [ ] Application Approved**

**Applied for BQ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**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 [ ] NoDate of Installation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special installation instructions/conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Basic Cost of Barn Quilt: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Fees: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Fees: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Subtotal of Barn Quilt: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HCCVB Grant Amount, if applicable: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 25% 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**[ ] Application Denied**

**Reason for denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant will reapply: [ ] Yes [ ] No [ ] Undecided**

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**Printed Name of HCBQT Committee Member Signature of HCBQT Committee Member Date**