

BLUE MIST FARMS
HOME IMPROVEMENT/EXTERIOR ALTERATION
APPLICATION

(continued)

Duration:

Estimated Start Date: _____

Estimated Completion Date: _____

Neighbor Awareness: (to be signed by neighbors affected)

As one of the most affected residents of the proposed architectural modifications described above, you are being asked to sign and acknowledge this application. Please note, your signature does not constitute approval or disapproval. It acknowledges that you are aware of the proposed improvements/alterations. If you have any questions, comments, or concerns, please notify the Board of Directors of the Blue Mist Farms Property Owners Association in writing.

Signature: _____ Lot number: _____ Date: _____
Address: _____

Signature: _____ Lot number: _____ Date: _____
Address: _____

Signature: _____ Lot number: _____ Date: _____
Address: _____

Signature: _____ Lot number: _____ Date: _____
Address: _____

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(continued)

Certification:

I (We) certify that the above information constitutes a description of the above proposed improvements/alterations, and the same will be in accordance with the Blue Mist Farms Architectural Design and Development Guidelines and the Declaration of Covenants, Conditions, and Restrictions for Blue Mist Farms, and will not violate any Buncombe County Ordinances.

I (We) further certify that all work will be completed in a workmanlike manner and maintained in a reasonable state of repair.

I (we) hereby submit application for approval to proceed with the improvements/alterations described above at Blue Mist Farms, Buncombe County, North Carolina.

Lot Owner: _____ Date: _____
signature

Lot Owner: _____ Date: _____
signature

Blue Mist Farms Board Member Signature:

Approved / Approved as noted: (circle one)

_____ Date: _____ p
rinted name/signature

Rejected:

_____ Date: _____ p
rinted name/signature

