



MICHIGAN MAIN STREET DESIGN SERVICE

DESIGN ASSISTANCE APPLICATION

2006

A. Applicant Name: _____
Applicant Address: _____
City: _____ Zip: _____ Phone: _____
Email: _____ Fax: _____

B. Building Address: _____
City: _____ Zip: _____
Business Name: _____ Phone: _____

C. Business Owner: _____
(If different from applicant)
Owner Address: _____
City: _____ Zip: _____ Phone: _____
Email: _____ Fax: _____

D. Building Owner: _____
(If different from business owner)
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Email: _____ Fax: _____

State Historic Preservation Office
PO Box 30740, Lansing, MI 48909-8240

t: 517.373.1630 f: 517.335.0348 e: preservation@michigan.gov

Dates of building's original construction/Dates of significant alterations: _____

Present Use: _____ Proposed Use: _____

Historic Use: _____

Please check the improvements made to the property in the past five years:

- Roof Work Storefront Rehabilitation Sign Improvement
- Repointing/Masonry Work Mechanical Work Painting (exterior)
- Interior Remodeling Electrical Work Repair/Replace Windows
- Other (please specify) _____

Please check the improvements you are currently considering implementing within the next 24 months. If some aspects are a higher priority, indicate those with an asterisk (*):

- Awning Treatment Storefront Rehabilitation Window Repair/Replacement
- Painting Exterior Façade Restoration Building Maintenance
- Sign Improvement Upper Floor Conversion Handicapped Accessibility
- Mechanical Work Electrical Work Interior Remodeling
- Other (please specify) _____

Project budget:

- Less than \$2,000 \$2,000 - \$5,000
- \$5,001 - \$10,000 Over \$10,000

Estimated date to start project: (M) _____ (Y) _____

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Name of financial entity that will provide the funding source for the project (e.g. loans, savings account, etc...):

Financial Entity: _____

A FINANCIAL ENTITY OFFICIAL MUST VERIFY THAT THE AMOUNT INDICATED FOR THE PROJECT BUDGET ABOVE IS AVAILABLE FOR THIS PROJECT.

Official Name: _____

Official Title: _____ Phone Number: _____

Official Signature: _____ Date: _____

Michigan Main Street Design Services are preservation-based recommendations provided by the Michigan State Historic Preservation Office; recipients are required to share project cost information with the local Main Street program.

Please include the following to assist with façade design:

- historic photos** of the property (quality photocopies are acceptable).
- copies/examples of business cards, promotional materials, letterhead, logos, color swatches, graphic designs, etc...*

By signing this application form, I am verifying that the information provided in this application is true to the best of my knowledge, and that I am committed to attending the two hour site visit.

Applicant Signature: _____ **Date:** _____

MMS Manager Signature: _____ **Date:** _____

Please Return This Form To Your Main Street Manager.

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SIGNATURES