

DOWNTOWN LANSING INC.

DESIGN ASSISTANCE REQUEST FORM



DOWNTOWN
LANSING INC.

Downtown Lansing Inc.
401 S. Washington Sq.
Ste. 101
Lansing, MI 48933

All information must be provided for the request to be considered complete.

Applicant Information

Name: _____ Date: _____

Applicant Mailing Address: (where any follow-up information should be sent)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Building Address: (the property which the applicant is seeking design assistance)

☐ Same

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Is the applicant (check all that applies): ☐ Property owner ☐ Business owner
☐ Local MMS Program ☐ Other: _____

If the applicant is not the property owner, is the property owner agreeable to making improvements to the building and supportive of this design assistance request? Please note in some cases, a copy of the design services will be sent to the property owner. ☐ Yes ☐ No

Building Information

Building Name (historic and/or common name): _____

Business Name(s) (as it should appear on signage): _____

Historic use of building: _____

Current use of building: _____

Proposed use of building: _____

Date of building's original construction: _____

Date(s) of significant alterations: _____

Building Information (continued)

Is the building individually listed on the National Register of Historic Places? ☐ Yes ☐ No

Is the building a contributing structure in a National Register Historic District? ☐ Yes ☐ No

Is the building a contributing structure in a Local Historic District? ☐ Yes ☐ No

Please check the improvements made to the property in the past five (5) years:

- | | | |
|--|--|---|
| <input type="checkbox"/> Roof Work | <input type="checkbox"/> Storefront Rehabilitation | <input type="checkbox"/> Upper Floor Conversion |
| <input type="checkbox"/> Repointing/Masonry Work | <input type="checkbox"/> Sign Improvement | <input type="checkbox"/> Mechanical Work |
| <input type="checkbox"/> Painting (Exterior) | <input type="checkbox"/> Awning Treatment | <input type="checkbox"/> Electrical Work |
| <input type="checkbox"/> Window Repair/Replacement | <input type="checkbox"/> Interior Remodeling | <input type="checkbox"/> ADA Accessibility |
| <input type="checkbox"/> Energy Efficiency | <input type="checkbox"/> Other (please specify): _____ | |

Scope of Work and Schedule

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 (*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Roof Work | <input type="checkbox"/> Storefront Rehabilitation | <input type="checkbox"/> Upper Floor Conversion |
| <input type="checkbox"/> Repointing/Masonry Work | <input type="checkbox"/> Sign Improvement | <input type="checkbox"/> Mechanical Work |
| <input type="checkbox"/> Painting (Exterior) | <input type="checkbox"/> Awning Treatment | <input type="checkbox"/> Electrical Work |
| <input type="checkbox"/> Window Repair/Replacement | <input type="checkbox"/> Interior Remodeling | <input type="checkbox"/> ADA Accessibility |
| <input type="checkbox"/> Energy Efficiency | <input type="checkbox"/> Other (please specify): _____ | |

Estimated date to begin construction: (month) _____ (year) _____

Budget

The total project budget is: ☐ Less than \$2,000 ☐ \$2,000-\$10,000
☐ \$10,000 - \$25,000 ☐ \$25,000 - \$50,000 ☐ More than \$50,000

What financial incentives does the applicant intend to apply for? (please check all that apply)

- ☐ Local façade grant/loan program (anticipated amount if known: _____)
- ☐ Local sign grant program (anticipated amount if known: _____)
- ☐ Federal historic tax credits (☐ 10% credit ☐ 20% credit)
- ☐ Other (please describe): _____

A financial institution official must verify that the amount indicated for the project budget shown above is available for this project (either through loans, savings account, etc)

Financial Institution: _____

Official Name: _____

Official Title: _____ Phone Number: _____

Official Signature: _____ Date: _____

Please provide the following as attachments:

- ☐ Historic photograph(s) of building
- ☐ Any historic information about the building
- ☐ Current photograph(s) of building
- ☐ Copies/examples of business cards, promotional materials, letterhead, logos, color swatches, graphic designs, etc.

Signatures

Michigan Main Street Design Services are only offered to property and business owners within communities participating in the Michigan Main Street program. Applicants receiving design services are required to share final project cost information and photographs of the completed project with the local Main Street program and the Michigan Main Street program. Does the applicant agree to this requirement? ☐ Yes ☐ No

Michigan Main Street Design Services are preservation-based recommendations that follow the Secretary of Interior's Standards for Rehabilitation as developed by the National Park Service. Any drawings that may be provided to the applicant are schematic and intended for planning and design review purposes only and are not intended to be construction documents. Services of a registered architect (recommend 36-CFR-61 Federal Certified Historical Architect) are required by law when the extent and/or nature of construction work require a sealed set of drawings.

Applicant's Signature: _____

Date: _____

Main Street Manager's Signature: _____

Date: _____

Property Owner's Signature (if different than applicant): _____

Date: _____

**Please return this application and all attachments to your local Main Street manager.
Thank you!**

This section to be completed by the local Main Street Manager/Director ONLY (in correlation with the MMS Design Specialist):

Type of design assistance: ☐ Preservation & Design Consultation
☐ Design Services
☐ Historic Tax Credit Assistance

Requirements: ☐ Attended basic design/historic preservation training, Date: _____
☐ Application approved by the local design committee, Date: _____
☐ Other: _____