



OAKLAND COUNTY
M I C H I G A N
www.MainStreetOaklandCounty.com

DESIGN ASSISTANCE REQUEST FORM

Date Received by MSOC: _____

DESIGN ASSISTANCE PROGRAM

Building Facade Rehabilitation

2009

For information contact:
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Planning & Economic
Development Services
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I. APPLICANT INFORMATION

Name: _____

Address: _____

Daytime Phone No(s).: _____

E-mail Address(s): _____

II. BUSINESS OWNER INFORMATION

Name of Building's Historic or Common Name: _____

Name: _____

Building Address: _____

Daytime Phone No(s).: _____

III. BUILDING OWNER INFORMATION

Name: _____

Address: _____

Daytime Phone No(s).: _____

IV. PROPERTY/BUILDING INFORMATION

Property Identification (Sidwell) No.: _____

Date building was originally constructed: _____

Date(s) of known past building improvements/modifications: _____

Original/Past use(s): _____

Current use: _____

Proposed use: _____

Is property listed on, or has it been nominated for, the National Register, either individually or as part of a Historic District? Yes No

If yes, attach a copy of the nomination form.

V. PROJECT INFORMATION

What known improvement(s), modification(s), or repair(s) were made to the building within the past 10 years:

- | | |
|--|--|
| <input type="checkbox"/> storefront renovation | <input type="checkbox"/> signage |
| <input type="checkbox"/> upper facade renovation | <input type="checkbox"/> painting (exterior) |
| <input type="checkbox"/> roof work (including skylights) | <input type="checkbox"/> structural |
| <input type="checkbox"/> masonry/tuckpointing | <input type="checkbox"/> electrical |
| <input type="checkbox"/> window replacement/repair | <input type="checkbox"/> mechanical |
| <input type="checkbox"/> cornices (upper/lower) | <input type="checkbox"/> other (specify) _____ |

What is the existing physical condition of the building? excellent good fair poor

VI. SCOPE OF WORK

What exterior building improvements are you planning on making?

- | | | |
|--|--|--|
| <input type="checkbox"/> front facade restoration/renovation | <input type="checkbox"/> upper windows | <input type="checkbox"/> awning(s)/canopy(ies) |
| <input type="checkbox"/> storefront restoration/renovation | <input type="checkbox"/> sidewall(s) | <input type="checkbox"/> signage |
| <input type="checkbox"/> roof work (including skylights) | <input type="checkbox"/> rear wall/entrance | <input type="checkbox"/> ADA compliance |
| <input type="checkbox"/> upper floor conversion | <input type="checkbox"/> painting (exterior) | <input type="checkbox"/> other (specify) _____ |
-
-

What colors do you use for signage or promotional materials as part of your business identity? If none, what are your color preferences? _____

What is your Project Budget:

- less than \$5,000 \$5,000-\$10,000 \$10,000-\$20,000 over \$20,000

Is your project funding in place to implement the work? Yes No

Are you familiar with available national and state historic preservation tax credits? Yes No

What is your estimated project startup date? (Month _____ Year _____)
and proposed project completion date (Month _____ Year _____).

Additional comments: _____

VII. REQUIRED SUPPLEMENTAL INFORMATION

Applicant is required to submit with this form the following:

1. Copies/examples of existing business cards, letterheads, logos, promotional materials, etc.;
2. Historic photographs (photocopies are acceptable) of the building from as many periods as possible, including dates and credits (minimum of two);
3. Copies of any available architectural building construction drawings (original or recent).

Applicant to return this form to the local Main Street Manager. Shortly after receipt of this request, the Applicant will be contacted by an architect from the Main Street Oakland County Program to schedule a site visit. Time required for project development after the site visit is 6-10 weeks. Main Street Oakland County design services are preservation-based recommendations consistent with the National Main Street Center, the U.S. Secretary of the Interior's guidelines, and the Michigan State Historic Preservation Office guidelines. Recipients of this service are free to use the Schematic Design recommendations at their discretion but are required to share project cost information with the local Main Street Program. There is no cost to the Recipient for this service. Signing this form by the local MS Manager and submitting it to MSOC constitutes one of the design assistance projects allocated for the contract year in which it is dated.

Applicant's Signature: _____ Date: _____

Main Street Manager's Signature: _____ Date: _____

Manager's Comments: _____

