

DESIGN ASSISTANCE REQUEST FORM



APPLICANT INFORMATION:

Applicant's Name: _____

Main Street City: _____

Main Street Manager: _____

Phone: _____

Email: _____

SCOPE OF WORK:

Describe the goal of the project: _____

(Manager) Describe how the selection of this project integrates with your work plan and transformation strategy: _____

SERVICES AVAILABLE:

The Texas Main Street Program provides design assistance to individual property / business owners and Main Street Managers within the designated Main Street District as part of a community's program membership. These services are intended to meet their objectives while respecting the historic building and context. Please note that the designs and recommendations provided do not guarantee approval for the historic tax credit application, if applicable. Conceptual designs do not constitute regulatory approval of any kind.

Preservation and Design Assistance

Assess historical character and current physical condition of the building, discuss appropriate responses and scope. Provide conceptual design recommendations, which may include sketches, renderings, material information, precedent projects, guidance related to Secretary of Interiors Standards, etc.

District Design Assistance

Assess key features, locations (corners) and perceived or potential gateways in your district to identify and aid strategic items in your work plan related to design and overall transformation strategies. Provide conceptual design recommendations including addressing accessibility for key buildings, infill locations, public spaces such as pocket parks, streetscapes, and parking areas.

Education Consultation

Design Staff can provide (virtual and in-person) education sessions for specific community needs.

BUILDING INFORMATION:

Property Name: _____

Property Address: _____ Name of Business: _____

Date of Original Construction: _____ Square Footage of Building: _____

Dates of Significant Additions/Alterations: _____

Current Building Use: _____

Proposed Building Use: _____

Building Designation:	Local Historic Landmark	National Register of Historic Places
	Recorded Texas Historic Landmark	<i>Individual</i>
	State Antiquities Landmark	<i>Contributing to a District</i>

BUDGET + SCHEDULE:

Approximate Budget/Phased Budget: _____

Considering Historic Tax Credits: Yes No Are local facade grants available for this project? Yes No

Construction Start Date: _____ Deadline for Assistance: _____

(Depending on the number of requests, response times will be between 2 weeks and 3 months.)

Has the Main Street Design Team done work on this property in the past? Has work begun on this project already?

Is there an architect, contractor or other professional involved? Please elaborate.



To submit this request, please use the QR code and complete a few short questions.

Attach a photo of this document and photos of the building at the QR link provided

SIGNATURES: _____
Main Street Manager Property Owner Business Owner (If Applicable)