Colorado Main Street Technical Assistance Request Form

ARCHITECTURAL TECHNICAL ASSISTANCE & DESIGN SUPPORT

This is an application to receive technical assistance from the Colorado Main Street Program.



Each box checked may represent technical assistance consultation, some of which may require one or multiple site visits.

Please submit your request to Tim.Stroh@state.co.us, 303-866-2369.

If you have an urgent need, contact the Main Street Coordinator at 303-866-2369.

	OF ORGANIZATION eet Organization Name			Date	
WORK	PLAN				
Does this	request relate to a project on your Main Stre evant information from your work plan. If no			re not on your v	work plan.
_	PLANNING DOCUMENTS				
	ny other planning documents to which this re Downtown Master Plan	equest relates:	Quarterly Report		Resource Team Report
	Annual Assessment		Grant Application		Community Assessment
	Please attach a	copy of the rel	evant page(s) from each of the document(s)	checked above.	
	Check th	e annronria	ate category of assistance that you	require	
DESIGN	COMMITTEE		IC PRESERVATION	require.	
	Committee training		Adaptive reuse	STREETS	2
	Introduction to Main Street Design		Asset mapping	JINEEL	Amenities (benches, lighting,
	Historic Preservation Board Training		Building rehabilitation	_	signage)
			Cultural property survey		Landscape design
BUILDI	NGS		Historic building nominations to		Curb appeal
	Compatible additions and infill		State & National Registries Historic District nominations		
	design		Preservation technical assistance &	FINANC	ING
	Life safety, code and zoning studies Facades (Store fronts)		training		Cost estimates
	Floor plans		Historic Structure Assessment (HSA)		Façade improvement program
	Lighting (Interior or Exterior)		consultation		incentives
	Signage (Storefront)		State Historic Fund grant consultation		
	Window and floor displays		Historic Building Design Standards & Guidelines		
CRITER	A				
	rado Main Street Program offers architectural activity and commerce on Main Street. Pleaso	_	•	eart of the com	munity, by contributing to increased
TIME FI	RAME				
	dicate when you would like the assistance to	take place.			
PROPE	RTY INFORMATION				
	oposed improvements include color choices, P				
	riginal construction:	Dat	e of significant additions or alterations:		
	ootage of building:		nber of floors:		
	for assistance from:	☐Business Te			
Name of	Property Owner:				
	Address:				
Phone:	Email:		Other:		
-	g is historic, PLEASE ATTACH historic informati	ion including o	riginal use of building and historic photo, if	available.	
Building I	nas been listed or is nominated for listing on: National Register of Historic Buildings				
	State Register of Historic Cultural Properties	S			
	Is part of a registered Historic District				
	Local Historic Designation				

Architectural Design Form Continued on page2

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This is an application to receive technical assistance from the Colorado Main Street Program.



If historic building has been altered, please indicated what historic elements still exist, either exposed or covered (Ex: architectural metal, decorative cornices, tin ceiling, original windows and doors).					
CONDITION OF EXISTING BUILDING □Needs no repair □Needs some rehabilitation □Needs stabilization □ imminent danger of building loss Additional comments on Condition of building.					
Have improvements been made in the past three years? No Please provide a brief description					
AFFILIATION Applicant contributes and/or is active with the local Main Street Program. Applicant has completed a Building Survey Form or Historic Structure Assessment. Yes No					
PROJECT BUDGET Applicant expects the project to fall within the following range: □less than \$2,000 □\$2,000 to \$10,000 □\$10,000 to \$50,000 □\$50,000 to 150,000 over \$150,000 □unknown					
OTHER COSTS Applicant is responsible for costs of reproduction of documents beyond the quantity provided by the Colorado Main Street program.					
OWNER-TENANT AGREEMENT Owner(s) and tenant(s) of building are agreeable to the work being proposed for the building. □Yes □No					
ADDITIONAL COMMENTS &/OR DESCRIBE POSSIBLE PLANS					
SIGNATURES					
Main Street Manager or Liaison Main Street Board President					
Design Committee Chair Property Owner (if private property)					
Business Owner (if applicable)					

PLEASE RETURN THIS FORM TO: (MAKE COPIES AS NEEDED)

Department of Local Affairs Division of Local Government

Colorado Main Street

1313 Sherman St., Room 521 Denver, Colorado 80203

Community Development Office

