

**Business Info:**

Name: \_\_\_\_\_  
Business Owner \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Property Owner Info:**

Name: \_\_\_\_\_  
Business Owner \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
How long have you owned the property? \_\_\_\_\_

**Property Info:**

Date of Construction \_\_\_\_\_ Number of Floors \_\_\_\_\_  
Original Use \_\_\_\_\_ Intended Use \_\_\_\_\_  
Currently Occupied? Yes  No  Upper Floors Occupied Yes  No   
Listed on the National Register of Historic Places? Yes  No   
Are historic photos available for the building/property? Yes  No

**Project Information:**

*Please check all the following items being considered for improving the property:*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Roof Work             | <input type="checkbox"/> Exterior Painting      | <input type="checkbox"/> Handicapped Access     |
| <input type="checkbox"/> Masonry               | <input type="checkbox"/> Signs                  | <input type="checkbox"/> Rear Entrance          |
| <input type="checkbox"/> Basement/Foundation   | <input type="checkbox"/> Awnings/Canopies       | <input type="checkbox"/> Interior Updating      |
| <input type="checkbox"/> Heating/Air Condition | <input type="checkbox"/> Storefront Restoration | <input type="checkbox"/> Upper Floor Renovation |
| <input type="checkbox"/> Electrical            | <input type="checkbox"/> Transom Windows        | <input type="checkbox"/> Metal Ceiling          |
| <input type="checkbox"/> Site Improvements     | <input type="checkbox"/> Entrances/Doors        | <input type="checkbox"/> Upper/Side Windows     |
| <input type="checkbox"/> Other: _____          |   |   |

Proposed Starting Date: \_\_\_\_\_ Proposed Completion Date: \_\_\_\_\_

Has a contractor been contacted or hired? Yes  No

Has an architect or design professional been contacted or hired? Yes  No

What colors are currently used by the business(es) for:

Signs/Logos: \_\_\_\_\_

Interior: \_\_\_\_\_

Marketing Materials: \_\_\_\_\_

What colors are preferred for the EXTERIOR of the building?

Signs: \_\_\_\_\_ Awnings \_\_\_\_\_

Siding: \_\_\_\_\_ Trim \_\_\_\_\_

Other: \_\_\_\_\_

**Project Budget:**

Below \$2500    \$2500-\$10,000    \$10,000-\$50,000    More than \$50,000

Has financing been secured? Yes  No  Source: \_\_\_\_\_

Building Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

Business Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Please attach examples of existing logos/graphics and any available historic photos*



# Design Assistance Form



**Please fill out this form and return to:**

**Newton Main Street  
113 1st Ave W  
Newton, IA 50208**

Iowa Economic Development Authority  
200 East Grand Avenue  
Des Moines, IA 50309

