

**DOWNTOWN MANCHESTER SPECIAL SERVICES DISTRICT
PREMILINARY DESIGN ASSISTANCE**

APPLICANT

Name: _____

Address: _____

Property Address: _____

Business Telephone: _____ e-mail: _____

OWNERSHIP

Current Owner

Potential Owner

Please describe your ultimate vision for improvements to the building.

Please describe what code-related design assistance will be completed with this funding.

ANTICIPATED COST

Please attach an itemized quote from a qualified contractor. Quote should include only items relating to building, fire and health code compliance.

Total Request \$ _____

Are you (or the current owner) current on all local taxes and fees for municipal services?

Yes No

Signature

Date