

February, 2009

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DOWNTOWN HOLLAND
Design Review Board
Design Assistance Program Application

1. Name of Applicant: _____
2. Mailing Address: _____
3. Phone Number: _____
4. Email Address: _____
5. Project Address: _____
6. Is the applicant the owner or tenant of the building? Owner _____ Tenant _____
Other _____ explain:

7. What is the objective of the design work to be done?

8. The undersigned applicant affirms that:
 - A. The information submitted herein is true and accurate to the best of my (our) knowledge.
 - B. I (we) have read and understand the conditions of the Design Assistance Program and agree to abide by its conditions and guidelines.

Signature of Applicant(s)

Date: _____

Date: _____