

**Part C: Requested Scope of Work**

**Instructions:** Complete section 1 by using the city approved design standards Appendix D as reference.

**Section 1:** Complete each section by marking the requested work as repair, replace, or new installation. Mark type of material(s) for each section, color, and amount where applicable. Details can be provided in the spaces below each section or on additional sheets of paper. If available, please provide any architectural designs of the space/building.

**\*Disclaimer:** Applicants in historical areas should default to city design standards guidelines. Applicants in areas with established design standards should default to those standards.

Storefronts			
Request Type	Material Request	Color(s) Request	Count
<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> New Install	<input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Others <input type="checkbox"/> N/A <input type="checkbox"/> Cement Boards <input type="checkbox"/> Wood <b>If others are marked, list out material(s).</b> 1. _____ 2. _____	1) _____ 2) _____ 3) _____	

**Please provide details regarding your request below:**

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Signage/Awnings			
Request Type	Material Request	Color(s) Request	Count
<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> New Install	<input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Others <input type="checkbox"/> N/A <input type="checkbox"/> Acrylic <input type="checkbox"/> Metal <b>If others are marked, list out material(s).</b> 1. _____ 2. _____	1) _____ 2) _____ 3) _____	

**Please provide details regarding your request below:**

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Lighting			
Request Type	Material Request	Color(s) Request	Count
<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> New Install	<input type="checkbox"/> Plastic <input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel <input type="checkbox"/> N/A <input type="checkbox"/> Copper <input type="checkbox"/> Brass <input type="checkbox"/> Others <b>If others are marked, list out material(s).</b> 1. _____ 2. _____	1) _____ 2) _____ 3) _____	

Please provide details regarding your request below:

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Building Caps/Cornices			
Request Type	Material Request	Color(s) Request	Count
<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> New Install	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Others <input type="checkbox"/> N/A <input type="checkbox"/> Stone <input type="checkbox"/> Plaster <b>If others are marked, list out material(s).</b> 1. _____ 2. _____	1) _____ 2) _____ 3) _____	

Please provide details regarding your request below:

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Windows (Frame)			
Request Type	Material Request	Color(s) Request	Count
<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> New Install	<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> N/A <input type="checkbox"/> Aluminum <input type="checkbox"/> Clad <input type="checkbox"/> Others <b>If others are marked, list out material(s).</b> 1. _____ 2. _____	1) _____ 2) _____ 3) _____	
Windows (Pane - Glass)			
Request Type	Material Request	Color(s) Request	Count
<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> New Install	<input type="checkbox"/> Laminated <input type="checkbox"/> Tempered <input type="checkbox"/> Others <input type="checkbox"/> N/A <input type="checkbox"/> Insulated <input type="checkbox"/> Float <b>If others are marked, list out material(s).</b> 1. _____ 2. _____	N/A	

Please provide details regarding your request below:

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Security			
Request Type	Material Request	Color(s) Request	Count
<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> New Install	<input type="checkbox"/> Cameras <input type="checkbox"/> Motion Detectors <input type="checkbox"/> Others <input type="checkbox"/> N/A <input type="checkbox"/> Security Shutter <input type="checkbox"/> Access Control <b>If others are marked, list out material(s).</b> 1. _____ 2. _____	N/A	

Please provide details regarding your request below:

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For additional scopes of work to be requested, please complete the section(s) below with detailed information on the request(s).

Others - 1			
Request Type	Material Request	Color(s) Request	Count
<input type="checkbox"/> Repair	List requested material(s) for scope of work. 1. _____ 2. _____ 3. _____	1) _____	
<input type="checkbox"/> Replace		2) _____	
<input type="checkbox"/> New Install		3) _____	

Please provide details regarding your request below:

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Others - 2			
Request Type	Material Request	Color(s) Request	Count
<input type="checkbox"/> Repair	List requested material(s) for scope of work. 1. _____ 2. _____ 3. _____	1) _____	
<input type="checkbox"/> Replace		2) _____	
<input type="checkbox"/> New Install		3) _____	

Please provide details regarding your request below:

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**\*Note:** Applicants who do not complete the initial requested scope of work stated in the submitted application, will be removed from the program.