

3400 Plymouth Blvd. Plymouth, MN 55447 Phone (763) 509-5410 Fax (763) 509- 5407

Application for Architectural Design Consultation

Name:	
Name of co-applicant (if applicable) :	
Address:	Zip Code
Home Phone:	<u> </u>
Email Address:	
Ethnicity/ Racial Information This information for Government Data Collection purposes only. All individuonly reported for statistical purposes.	nal information is kept confidential and data i
Please indicate the ethnicity and race of the Head of Household. This only. 1. Ethnicity (please check one):	information is for statistical purposes
Hispanic/Latino Non-Hispanic/Latino	
2. Race (please check <u>all</u> that apply): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	
Do any of the household members have a disability? yes	no
How many people currently reside in your household?	
Income Certification	
Please check the range which best describes your total gross hou	
\$\begin{array}{cccccccccccccccccccccccccccccccccccc	00
\$82,901 - \$96,150 \$96,151- Above	

How/where did you f	irst learn about the Plymout	th Architectural Design Servic	e?
What types of renova	ations and/or additions are y	ou considering for your home	?
	ed budget for the renovation a range or rough estimate of the	ns and/or additions are you con project cost.	nsidering for your home?
At this time, how like next 18 months?	ely are you to begin work or	n your planned renovations and	d/or additions within the
Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
Why do you want to	receive an architect consulta	ation?	
agreed to.	rmation provided is true and	correct and the provisions sta	ited are accepted and
Signed:			
		Date:	<u> </u>
		Date:	

In addition to the application, please also submit the following information:

- Copy of homeowners insurance policy declarations page
- Most recent mortgage statement showing current payment status