

Preservation Partnership Program – Application Form

Rev. 2/2026

Section I – Applicant Information

Property Owner Name: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Property Address: _____

Property Type:

☐ Residential ☐ Commercial

Year Built, if known: _____

Is the property owner-occupied?

☐ Yes ☐ No

Proof of ownership attached:

☐ Yes

Section II – Project Overview

(Aligns with Visibility and Historic Integrity scoring categories)

1. Describe the proposed project in detail.

2. Which exterior elements will be restored or repaired?

- ☐ Roof
- ☐ Windows
- ☐ Doors
- ☐ Woodwork
- ☐ Porch
- ☐ Exterior Paint
- ☐ Signage
- ☐ Structural stabilization
- ☐ Other: _____

3. Explain how this project preserves or restores historic character.

4. Is the work visible from a public street or sidewalk?

- ☐ Yes ☐ Partially ☐ No

If yes, describe visibility and location:

Attach before photos:

- ☐ Included

Section III – Urgency and Condition

1. Describe current condition of the affected area.

2. Is there active deterioration or structural concern?

☐ Yes ☐ No

If yes, explain urgency:

3. Has the issue worsened in the past 12 months?

☐ Yes ☐ No

Section IV – Financial Commitment

Total Estimated Project Cost: \$ _____

Amount Requested from TRC: \$ _____

Owner Financial Contribution: \$ _____

Owner Match Percentage: _____ %

Attach:

- ☐ Contractor estimates
- ☐ Material quotes
- ☐ Evidence of matching funds availability

Will owner contribution exceed 50 percent?

☐ Yes ☐ No

Explain funding source for owner contribution:

Section V – Community Impact

1. How will this project improve the surrounding district?

2. Will this project improve a prominent or high traffic location?

☐ Yes ☐ No

3. For commercial properties:

Will the project enhance visitor experience or business presentation?

☐ Yes ☐ No

If yes, explain:

Section VI – Project Timeline

Estimated Start Date: _____

Estimated Completion Date: _____

All projects must begin within 90 days of approval unless otherwise authorized.

Section VII – Applicant Certification

I certify that:

- All information provided is accurate and truthful
- I am the legal owner of the property
- I understand this is a reimbursement matching program
- I understand funds will only be issued after verification and receipt submission
- I agree to complete the project according to approved scope

Owner Signature: _____

Printed Name: _____

Date: _____

Application Checklist

- ☐ Completed application
- ☐ Proof of ownership
- ☐ Before photos
- ☐ Contractor estimates or material quotes
- ☐ Evidence of matching funds

Incomplete applications will not be reviewed.

How to Submit Your Application

Return your completed, signed application and all attachments in any of these ways:

- **By mail:** Tombstone Restoration Commission, P.O. Box 606, Tombstone, AZ 85638
- **By email:** TombstoneRestorationCommission@gmail.com (scan or photograph each page and attach your photos and documents)
- **In person:** at a monthly TRC meeting, 5:30 PM at the TRC building, 6th and Allen Streets (see tombstonerestorationcommission.org/meetings.html for dates)

Questions? Call (520) 335-4255.