

James M. Scott Exceptional Design Awards 2025 Entry Form

This form will collect information for the submission of entries for the James M. Scott Exceptional Design Awards. Please complete and submit for entry along with other submission requirements as noted in the [submission instructions](#).

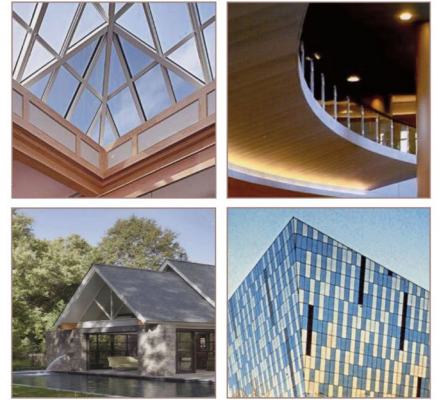
1. **Categories** - Please check all that apply to your project. The jury may consider a project in a category other than that in which it was submitted.

- ☐ **Residential** - single-family residential projects, including homes, additions, restorations, renovations, interiors and multi-family housing
- ☐ **Commercial** - office, retail, industrial
- ☐ **Commercial Interiors** - primarily the design of commercial interior spaces
- ☐ **Institutional** - such as fire stations, educational facilities and places of worship
- ☐ **Recreational** - such as recreational facilities, entertainment or performing arts centers
- ☐ **Historical Adaptive Re-use** - projects involving the preservation, restoration, rehabilitation or sympathetic adaptive reuse of historic structures
- ☐ **Adaptive Re-use/Repurposing** - projects involving the rehabilitation and sympathetic adaptive reuse of existing buildings
- ☐ **Mixed Use** - some combination of residential, retail or office
- ☐ **Community Benefit Project** - such as affordable housing, senior housing or a community center

2. Name and Address of Project:

| | |
|----------------|----------------------|
| Name: | <input type="text"/> |
| Company: | <input type="text"/> |
| Address 1: | <input type="text"/> |
| Address 2: | <input type="text"/> |
| City/Town: | <input type="text"/> |
| State: | <input type="text"/> |
| Zip Code: | <input type="text"/> |
| Email Address: | <input type="text"/> |

James M. Scott
E·X·C·E·P·T·I·O·N·A·L
DESIGN AWARDS



FAIRFAX COUNTY

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3. Name and Address of Architect/Designer:

| | |
|-----------------------|----------------------|
| Name: | <input type="text"/> |
| Company: | <input type="text"/> |
| Address: | <input type="text"/> |
| City, State, Zip: | <input type="text"/> |
| Telephone Number: | <input type="text"/> |
| Contact Person: | <input type="text"/> |
| Name of Photographer: | <input type="text"/> |
| Email Address: | <input type="text"/> |

4. Name and Address of Owner/Developer:

| | |
|-------------------|----------------------|
| Name: | <input type="text"/> |
| Company: | <input type="text"/> |
| Address 1: | <input type="text"/> |
| Address 2: | <input type="text"/> |
| City/Town: | <input type="text"/> |
| State: | <input type="text"/> |
| Zip Code: | <input type="text"/> |
| Email Address: | <input type="text"/> |
| Telephone Number: | <input type="text"/> |
| Contact Person: | <input type="text"/> |

5. Contractor's Name:

6. Name and Professions of other persons involved:

| |
|-------------|
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7. Name and Address of Entrant/Nominator:

Name:

Company:

Address:

City, State, Zip:

Telephone Number:

Email Address:

8. Year project was completed:

**9. I authorize unrestricted public release and reproduction of entry contents,
including all photographs for displays, exhibits and publicity.**

☐

I agree.

☐

I disagree. (This will disqualify nomination and entry.)