



Mural Permit Application

\$25 Fee: \_\_\_\_\_ Date/Received by: \_\_\_\_\_

I understand that all applications that require review by the Architectural Review Board must be submitted by 5:00 p.m. on the application deadline; otherwise, consideration will be delayed until the following meeting. Completion of the application means all required information has been provided, all fees have been paid, and submittal requirements have been met. An incomplete application will not be accepted.

Applicant Signature: \_\_\_\_\_

Property Information

Date: \_\_\_\_\_ Business Name: \_\_\_\_\_
Zoning District: \_\_\_\_\_ Property Address: \_\_\_\_\_

Applicant and Owner Information

Applicant's Name: \_\_\_\_\_
Last First M.I.

Address: \_\_\_\_\_
Street Address Apartment/Unit #
City State ZIP Code

Telephone Number: ( ) \_\_\_\_\_ Fax Number : ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_
Last First M.I.

Owner's Mailing Address: \_\_\_\_\_

Artist Information

Artist Name: \_\_\_\_\_

Artist Phone Number: \_\_\_\_\_

Artist Email Address: \_\_\_\_\_

**Mural Specifications**

Address (where mural will be placed): \_\_\_\_\_

Location of Mural on the Building: \_\_\_\_\_

Dimensions of the Mural: \_\_\_\_\_

Subject Matter: \_\_\_\_\_

Materials: \_\_\_\_\_

Summary of the General Color Palette: \_\_\_\_\_

How will the Mural be Attached to the Building: \_\_\_\_\_

**Submittal Requirements**

\_\_\_\_\_ Visual Presentation of the Mural (superimposed on the building)

\_\_\_\_\_ Site Plan Showing Placement of Mural Submitted for Approval

**FOR OFFICE USE ONLY**

Conditions of Approval by Architectural Review Board:

\_\_\_\_\_ Approved                      **Under the Zoning Ordinance provisions of Article \_\_\_\_\_ Section \_\_\_\_\_**

\_\_\_\_\_ Denied

\_\_\_\_\_  
*Signature of Chair, Architectural Review Board*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Zoning Administrator*

\_\_\_\_\_  
*Date*