



Office Use Only

Permit No: _____

Zoning District: _____

Date: _____

Fee: \$ _____

Approved: _____

Located in Downtown
Conservation District? Yes No

PUBLIC MURAL APPLICATION

LEGIBLE, COMPLETE AND SIGNED APPLICATIONS
MAY BE HAND DELIVERED OR SUBMITTED TO
permits@cityofsycamore.com

The materials identified below must be included with the application. Incomplete submittals will not be accepted. Murals shall be reviewed for compliance by the Community Development Department, approved by the City Council and a mural permit shall be issued prior to the commencement of work.

1. MURAL INFORMATION

- A. Address where mural will be located: _____.
- B. Will the proposed mural be illuminated? YES NO
- C. Date of mural installation: _____
- D. Estimated duration of display: _____

2. REQUIRED SUBMITTALS – See Article 6.8.8.(J)

- A. One (1) copy of the Mural Rendering to include the following dimensions:

- i. Wall Area: H _____ ft. x W _____ ft. = Total Wall Area: _____ sq. ft.
(Major architectural features such as doors, windows, memorial signs, tablets and mechanical appurtenances, such as ventilation outlets or similar appurtenances necessary to the functionality of the building, shall not be included in the total wall area.)
 - ii. Include dimensions of architectural features such as doors, windows, memorial signs, tablets and mechanical, such as ventilation outlets or similar appurtenances necessary to the functionality of the building.
 - iii. Mural Area: H _____ ft. x W _____ ft. = Total Mural Area: _____ sq. ft.
(The display area shall be comprised of all painted or visually artistic elements on the wall surface, including business identification signs.)

- B. Proposed materials to be used for mural:

- C. Describe the mural installation process and timeline:

D. Provide a statement attesting that a protective coating will be applied upon completion of the mural, including specifications of the protective coating to be used:

E. If the proposed mural requires periodic maintenance, indicate how often maintenance will occur, as well as the materials and process used to maintain the mural:

3. CONTACT INFORMATION	
<u>Applicant</u>	
Name: _____	<u>Property Owner</u> <input type="checkbox"/> Same as Applicant.
Address: _____	Owner's Name: _____
City/State/Zip: _____	Address: _____
Day Phone: _____	City/State/Zip: _____
Cell Phone: _____	Day Phone: _____
E-Mail: _____	Cell Phone: _____
E-Mail: _____	E-Mail: _____
<u>Artist/Installer</u>	
Name: _____	<u>Electrical Contractor</u>
Address: _____	All ECs must be registered with the City to perform work within the city limits. (See EC Registration.)
City/State/Zip: _____	Name: _____
Day Phone: _____	Contact: _____
Cell Phone: _____	Day Phone: _____
E-mail: _____	Cell Phone: _____
E-mail: _____	E-Mail: _____

4. SIGNATURE REQUIRED

I hereby certify that the information contained in this application is true, correct, and that I have read, understand and will conform to all City of Sycamore's Codes and Ordinances, specifically Article 6.8 of the Unified Development Ordinance as it pertains to this application for permit. I also agree that all work performed under said permit will be in accordance with the approved plans, specifications, and dimensions shown on the Mural Rendering and Installation & Maintenance Plan, except for such changes as may be necessary, authorized or required by the City of Sycamore. No work shall be conducted until a permit is issued and obtained.

Print Name: _____

Signature: _____

Date: _____