

## **MURAL PERMIT APPLICATION**

<b>n</b>	• 4				
Perm	It	NU	ım	ne	r

Artist/Contractor		Job Address	Job Address					
Address		Business Name	Business Name					
City	I <sup>2</sup>	Postal Code	Business Contact 1	Person				
Phone	F	ax	Phone		Business License #			
Property Owner	P	Phone	Zoning District		Street Use Permit Required Yes No			
Property Management Comp	pany P	Phone	Engineer Approva Yes  No		Received Yes No			
Property Management Conta	ct Person P	Phone	Signature of Appro	proval (Owner or Manager - only one required)				
Size								
Dimension	s	Area	Sponso	or ID Area	Other Text Area			
	Sq. Ft.		. Ft.	Sq. ft.	Sq. ft.			
			Percentage of Tot	tal Area	Percentage of Total Area			
Content Theme Description								
Attach colour rendering of mural. Include overall dimensions as well as dimensions of "other text" (may use black and white photocopy for dimensions).								
Location								
Plan View								
Any misrepresentation in the above particulars renders the permit issued hereon invalid and subject to cancellation. The issue of a permit on								
receipt of this application does not relieve the owner from the Applicant's Signature		e responsibility of com Print Name of Applicant	plying with all oth	Application Date				
For Office Use Only								
	Date	In	Inspector		\$ 50.00			
Received				Permit Fee Re	eceipt			
Preliminary Approval				•				
Inspection								
Final Approval				Upon receipt of "F. considered a valid N	inal Approval" this application shall he Mural Permit.			