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City of Ashland, Department of Planning & Development, 601 W Main Street, Ashland, WI 54806

### PUBLIC ART PERMIT APPLICATION CHECKLIST

Applicant Name: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

Phone Number (daytime): \_\_\_\_\_

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

Property Address: \_\_\_\_\_

Parcel #: \_\_\_\_\_

**Application for:**

Installation / Construction

Enlargement

Relocation

Addition of Signage or Lighting

**Type of Public Art:**  Permanent  Temporary

<b>Freestanding:</b>	<b>Wall Mounted:</b>	<b>Other:</b>
<input type="checkbox"/> Sculpture, etc.	<input type="checkbox"/> Façade (i.e. Mural)	<input type="checkbox"/> Animated <input type="checkbox"/> Signage included
<input type="checkbox"/> Fountain	<input type="checkbox"/> Projecting	<input type="checkbox"/> Illuminated

**Public Art Description and Specifications:** *All persons who install on or owners of the building/parcel on which the public art is to be erected, shall carry public liability and property damage insurance.*

Height:	Width:	Depth:
Setback from Front/Rear Yard:	Setback from Side Yard:	If Temporary, how Temporary? <input type="checkbox"/> < 1 year <input type="checkbox"/> < 6 months

If Animated (Describe, i.e. Naturally, Mechanically or Electrically Energized): \_\_\_\_\_

Type of Lighting (if applicable):	Description of how Lighting Glare will be Controlled:
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**Application Checklist:**

Permit Fee (\$50)  Sketch and/or Photo of Proposed Public Art

Proof of liability insurance  Historic Preservation/Mural Walk Approval (if applicable)

*All public art must meet the requirements of the Unified Development Ordinance (No. 781). I, the undersigned, have read and will comply with applicable City Ordinances. I understand that violations may result in permit revocation, daily issuance of infraction or administrative citations.*

<b>Signature of Applicant:</b> _____	Date: _____
<b>Signature of Property Owner:</b> _____	Date: _____

*If any work must be performed in the Right-of-Way to complete the project, ensure a Temporary Right-of-Way standards are met*

**For Office Use:**

Approved  Approval Date: \_\_\_\_\_ Paid

Conditions (if applicable): \_\_\_\_\_