



ENGINEERING DEPARTMENT  
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# Arts Committee (artMOB) Painted Intersection Design Review Application

Right-of-Way Permit # \_\_\_\_\_

## APPLICANT:

Name:

Mailing address:

Zip:

Phone(s):

E-mail:

## INTERSECTION LOCATION:

Cross Streets:

## 1. PAINTED INTERSECTION ARTWORK PLACEMENT:

- Provide a **scaled** drawing of the intersection that shows the location of the proposed painted art. Include any existing traffic control devices (e.g. stop signs/stop bars) and stormwater facilities (e.g. catchbasins/area drains). Include dimensioned distance between artwork and traffic control devices and/or stormwater facilities. Indicate North with directional arrow.
- Provide a detailed drawing of the proposed painting showing all artwork elements (images, lettering, etc.).
- Provide a site plan that clearly shows the location of the intersection where the artwork is proposed. Staff can provide a scaled aerial photo of the site upon request.

## 2. PAINTED ARTWORK MEASUREMENTS:

A. Total area of painted artwork (sq ft):

B. Area of intersection pavement (sq ft):

C. Distance to nearest traffic control device, if applicable (ft):

D. Distance to nearest stormwater facility, if applicable (ft):

## 3. APPLICATION REVIEW:

The application will be reviewed for compliance with the following standards:

- The artwork is hand-painted.
- The artwork meets all relevant standards (General Provisions for Street Intersection Painting Permits).
- Applicant has signed the applicant's acknowledgment (on reverse).

**4. APPLICANT'S ACKNOWLEDGMENT AND SIGNATURE:**

I acknowledge that I have read and understood the following statements and that failure to abide by them could lead to code enforcement action.

*Please read and initial each of the following items:*

\_\_\_\_\_ I agree that no compensation has been given or received for placement of the proposed painted intersection artwork.<sup>1</sup>

\_\_\_\_\_ I agree that the approved painted intersection artwork will be installed per the submitted plans and drawings and will comply with any other conditions of approval noted below. If, upon inspection, the completed artwork is not in compliance with this approval, I will immediately restore it to compliance.

I certify that the information provided in this application is true and accurate to the best of my knowledge and ability.

Applicant Printed Name:

Applicant Signature:

Date:

**Attach all required submittals.**

**THIS SECTION FOR OFFICE USE ONLY:**

APPLICATION REVIEW	DATE STAMP
The artwork is hand-painted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
The artwork meets all relevant standards: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property owner has signed the owner's acknowledgment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
ARTS COMMITTEE REVIEW DECISION	
<input type="checkbox"/> This application is approved as proposed.	
<input type="checkbox"/> This application is approved with the conditions listed below.	
<input type="checkbox"/> This application is denied for the reasons listed below.	
_____	_____
Arts Committee Representative	Date

<sup>1</sup> The applicant cannot be compensated to advertise for another entity; however, an artist can be compensated for their work.