



MILWAUKIE PLANNING
10501 SE Main St.
Milwaukie OR 97222
503-786-7630
planning@milwaukieoregon.gov

Application for Original Art Mural

Permit # OAM-_____

APPLICANT:

Name:	Business Name:
Mailing address:	Zip:
Phone(s):	Email:

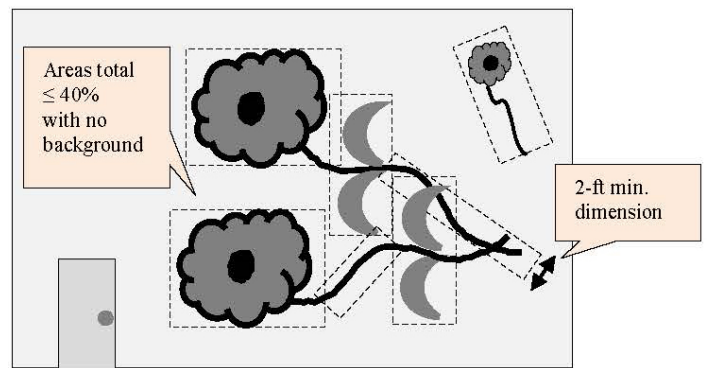
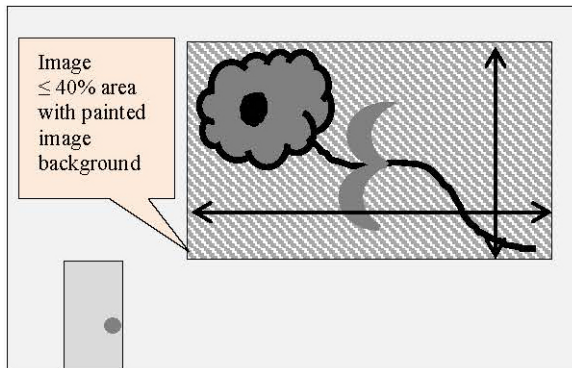
MURAL LOCATION:

Address:	Map & Tax Lot(s):	Zoning:
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1. MURAL PLACEMENT:

- Provide a **scaled** drawing of the building face that shows the location of the proposed mural. Include any existing wall signs. Show how mural area was calculated (see below for instructions).
- Provide a detailed drawing of the proposed mural showing all elements (images, lettering, etc.).
- Provide a site plan that clearly shows the location of the wall where the mural is proposed. Staff can provide a scaled aerial photo of the site upon request.

Measuring the area of an original art mural:



2. MURAL MEASUREMENTS:

A. Total area of mural (sq ft):	B. Area of building face wall (sq ft):
C. Area of any existing wall signs (sq ft):	
D. Total percentage of building face covered with murals and existing wall signs (40% max.):	

3. APPLICATION REVIEW:

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

- The mural is hand-painted.
- The mural meets all relevant standards (Milwaukie Municipal Code Chapter 20.04).
- Property owner has signed the owner's acknowledgment (on reverse).

4. OWNER'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 (applicant/owner):

____/____ I agree that no compensation has been given or received for placement of the proposed original art mural.¹

 / I agree that the approved original art mural 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 mural 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.

Signature of applicant:

Date:

Signature of property owner:

Date:

THIS SECTION FOR OFFICE USE ONLY:

APPLICATION REVIEW		DATE STAMP
The mural is hand-painted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The mural 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	
PLANNING 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.		
_____		_____
City of Milwaukie Planner		Date
AMOUNT RECEIVED: \$	RECEIPT #:	RCD BY:

¹ The building owner or tenant cannot be compensated to advertise for another entity; however, the mural artist can be compensated for their work.