



City of Frankfort
PLANNING & COMMUNITY
DEVELOPMENT
P.O. Box 697
Frankfort, KY 40602
Phone: (502) 352-2094 Fax: (502) 875-8502
www.frankfort.ky.gov

OFFICE USE ONLY
Received: ___ \ ___ \ ___
Payment Amt: \$ _____
MU No: _____

Mural Permit Application

APPLICANT:

1. Name: _____
2. Company Name: _____
3. Mailing Address: _____

4. Daytime Phone: _____ Email _____

Status of Applicant: Owner _____ Lessee _____ Under Contract to Purchase _____

Date of Proposed Mural Installation _____

Date of Proposed Mural Removal _____

General Location of Property: _____

Street Address: _____

Zoning of Property: _____

Land Use: Residential/Non-Residential/Mixed-Use

Applicant's Signature

Date

**NOTE: SUPPORTING INFORMATION IS REQUIRED WITH THIS APPLICATION.
PLEASE SEE ATTACHED PAGE FOR DETAILS.**

Supporting Information Required for New Mural Permit Applications:

- Vicinity map with location of subject property marked.
- A written consent letter from the building owner if the applicant is not the owner.
- A written description of the type of mural (painted mosaic, etc.) and details showing how the mural is affixed to the wall surface if it is not a surface applied painted mural and the application technique and paint type for surface applied murals. ***If a public street, alley, or sidewalk will need to be closed for installation of the mural a permit will need to be issued by the City of Frankfort Public Works Department.***
- A sketch or rendering that illustrates the building elevation, showing placement of existing architectural features (such as windows and doors), scale of mural, type of substrate, proposed artwork and design for the mural
- Examples of previous artwork done by artist

Supporting Information Required for Mural Removal/Cover Permit Applications:

- Provide a picture of the existing mural to be removed
- Removal: Provide a written narrative describing the method to be used to remove the mural from the building. *It is important to demonstrate that the method will not damage the structure or any of its architectural features.*
- Cover: Provide a written narrative describing the application technique and paint type to be applied to the mural area.

APPLICANTS ARE STRONGLY ENCOURAGED TO READ AND REVIEW THE MURAL GUIDELINES (CITY OF FRANKFORT CODE OF ORDINANCES SECTION 101.01) PRIOR TO DESIGN AND INSTALLATION OF THEIR MURAL(S).

Secretary of the Interior Standards for Rehabilitation Acknowledgement

I hereby certify that I have read and acknowledge the following statement:

Property Owners within the National Historic Districts should be aware that painting a mural on their building may negatively affect their ability to apply for and receive Historic Tax Credits. In order to qualify for Historic Tax Credits, the project and the building must meet the Secretary of the Interior's Standards for Rehabilitation & Guidelines for Rehabilitating Historic Buildings.

Owner/Applicant

Date

Visual Artist Rights Act Acknowledgement

I hereby certify that I have been informed of the rights that are potentially granted to mural artists by virtue of the Visual Artists Rights Act of 1990. I acknowledge that any conflicts regarding VARA is between the mural artist and the property owner and it is the property owner's responsibility to negotiate with the artist any waiver of the artists rights conferred by VARA in accordance with the waiver provisions provided by law.

Property Owner

Date

Mural Maintenance Acknowledgement

I hereby certify and acknowledge that I am aware that the continued maintenance of the proposed mural to be placed upon my property is required to be maintained appropriately in accordance with the City of Frankfort's Mural Ordinance and the City of Frankfort's Nuisance Code. I further acknowledge as the property owner that maintenance of the mural is my responsibility as the property owner.

Property Owner

Date

AGENT AFFIDAVIT

SPECIAL POWER OF ATTORNEY

KNOWN ALL MEN BY THESE PRESENTS, THAT I, _____ am presently the owner and/or leaseholder at _____ and desiring to execute a Special Power of Attorney, have made, constituted and appointed, and by these presents do make, constitute and appoint _____ whose address is _____, County of _____, State of _____, my Attorney-in-Fact to act as follows, GIVING AND GRANTING unto said attorney full power to act as my agent in any and all matters pertaining to _____.

FURTHER, I do authorize the aforesaid Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by the said attorney shall be binding on myself and my heirs, legal and personal representative, and assigns.

PROVIDED, however, that any and all transactions conducted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by the said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact".

Signed name of owner

Printed name of owner

Witnessed by:

Signed name

Signed name

Printed name

Printed name

STATE OF _____
COUNTY OF _____

Before me, the undersigned Notary Public in and for said County and State, appeared _____ who is personally known to me or who produced _____ identification, and who did not take an oath, and who is known to me to be the individual described by said name who executed the foregoing instrument, and acknowledged and declared that the said individual executed the same for the uses and purposes therein set forth.

Given under my hand and official seal this _____ day of _____, 20____.

Signed name

Printed name

My Commission Expires: _____