



CITY OF NORTH PORT

Development Services
Planning Division
4970 City Hall Boulevard
North Port, FL 34286-4100
www.northportfl.gov
Phone (941) 429-7156

DATE RECEIVED – DATE STAMP

PUBLIC ART SUBMITTAL APPLICATION

Project Name: _____

Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX No. _____ E-mail: _____

Name of Property Owner: *(if different from the applicant above)* _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX No. _____ E-mail: _____

Activity Center: _____

Total Project Construction Cost: _____

Please provide the following:

- Site Plan showing proposed placement of Public Art, location of freestanding signs and distance of the Public Art from signs
- Narrative description of Public Art
- 3 – Dimensional rendering of proposed Public Art indicating height, width, and perspective from all sides
- Total project construction cost bid(s) with documentation (i.e., Appraisal, contract, engineer's estimate)
- Schedule for the acquisitions, creation, fabrication, and installation of the Public Art

***All of the information provided with this application is true and correct to the best of my knowledge.**

Signature of Applicant

Date

Print Applicant Name