



CITY OF ROCKY MOUNT PUBLIC ART APPLICATION

Project Title: _____

Installation Type:

- _____ Donation to permanent art collection
- _____ Temporary installation
- _____ Proposed date and duration of installation: _____
- _____ Mural on private property

Installation Location

Property Name: _____
Street Address: _____
Location Description [e.g., 15 ft. from building entrance]: _____

Artwork Type [e.g., sculpture, mural, video]: _____

Artwork Description [include fabrication date; medium, dimensions, materials and finishes]:

Artist

Name: _____
Address: _____
Phone: _____
Email: _____

Current Owner (if applicable)

Name: _____
Address: _____
Phone: _____
Email: _____

Applicant

Name: _____
Address: _____
Phone: _____
Email: _____

Signature: _____ Date _____