



P.O. Box 838
134 S. Oak Street
Jackson, GA 30233
Phone: 770-775-7535
Fax: 770-775-8051

MURAL APPLICATION

Applicant Information

Applicant Name: _____
Organization/Business Name (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Email Address: _____

Property Owner Information (if different from applicant)

Property Owner Name: _____
Address of Mural Location: _____
City: Jackson, GA Zip: _____
Phone Number: _____
Email Address: _____

Property Owner Consent

I, the undersigned property owner, give permission for the applicant to install a mural on my property at the address listed above.

Property Owner Signature: _____
Date: _____

Project Information

Proposed Mural Title: _____

Exact Location of Mural (building name or description of wall):

Wall Dimensions (Height x Width): _____

Estimated Size of Mural: _____

Type of Surface (brick, stucco, metal, concrete, etc.):

Proposed Start Date: _____

Estimated Completion Date: _____

Mural Description

Provide a detailed description of the proposed mural, including theme, subject matter, colors, and how it reflects or enhances the community:

Materials and Installation

Paint/Materials to be used:

Will protective coating or anti-graffiti sealant be applied?

☐ Yes ☐ No

Method of installation (scaffolding, lift, etc.):

Maintenance Plan

Describe how the mural will be maintained and repaired if damaged or vandalized:

Responsible Party for Maintenance: _____

Attachments Required

Please attach the following with this application:

- Concept sketch or color rendering of the mural
 - Photograph of the wall where the mural will be installed
 - Site map or diagram showing mural placement
 - Written consent from the property owner (if applicant is not owner)
 - Any additional supporting documents
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Agreement

By signing below, the applicant agrees to comply with all applicable city ordinances, safety requirements, and conditions established by the Mayor and City Council upon approval.

Applicant Signature: _____

Date: _____

City Use Only

Date Application Received: _____

Reviewed By: _____

- ☐ Approved
☐ Approved with Conditions
☐ Denied

Date of Mayor & Council Vote: _____

Notes/Conditions:
