



APPLICATION TO THE PUBLIC ART COMMITTEE FOR DEVELOPERS PUBLIC ART

DATE: _____ BUILDING PERMIT NO.: _____

NAME: _____
[CIRCLE ONE: PROPERTY OWNER / DEVELOPER]

ADDRESS: _____
[STREET]

[CITY/STATE/ZIP]

TEL NO.: _____ CELL NO.: _____

EMAIL: _____

PROJECT NAME: _____

ADDRESS: _____
[STREET]

[CITY/STATE/ZIP]

DOLLAR AMOUNT OF PUBLIC ART REQUIRED: \$ _____ CONSTRUCTION VALUE: \$ _____

If Escrow: 15% Premium \$ _____ Total Escrow: _____

PLEASE INDICATE WHICH PUBLIC ART CONTRIBUTION OPTION YOU HAVE CHOSEN.

- | | |
|--|--------------------------|
| 1. Make a contribution to the public art fund. Acct Code: (130-068-000-366000-000000) | <input type="checkbox"/> |
| 2. Provide public art on development site. Acct Code: (130-068-000-220068-000000) | <input type="checkbox"/> |
| 3. Provide public art off development site. Acct Code: (130-068-000-220068-000000) | <input type="checkbox"/> |

IF OPTIONS #2 OR #3 ARE CHOSEN, THEN TEN [10] COPIES OF THIS APPLICATION AND ATTACHMENTS, AS INDICATED ON THE ATTACHMENTS CHECKLIST, NEED TO BE SUBMITTED TO THE NDS DEPARTMENT IN ORDER TO BE PLACED ON THE PUBLIC ART COMMITTEE AGENDA.

Property Owner/Developer Signature

Date

NDS staff/Dr. Clifford Smith - 941-365-2200, Ext. 4361

Date



CHECKLIST FOR AN APPLICATION FOR PUBLIC ART

PROJECT NAME : _____

PROJECT ADDRESS: _____

For **PROPOSED** and **EXISTING** art work, all of the items noted below (10 copies of this application and attachments) must be submitted for review and approval by the Public Art Committee *prior to the issuance of a building permit.*

PROPOSED ART WORK, THE FOLLOWING ITEMS ARE REQUIRED:	CHECKLIST
1. A detailed written and graphic description of the proposed art work.	
2. A written description of the process by which the artist(s) was selected.	
3. The name and credentials of the artist(s). This should include the artist's resume and photographic examples of the artist's previous art work.	
4. Drawing(s), model(s) or photograph(s) of the proposed art work in sufficient detail to accurately describe: <ul style="list-style-type: none"> • the location where the proposed public art is to be installed (site plan); • the visual quality of the proposed art work; and • the construction details of the proposed art work. 	
5. A proposed schedule for the creation, completion and installation of the approved art work at the development site;	
6. A deposit with the NDS Department of one hundred fifteen percent (115%) of the value of the public art.	
EXISTING ART WORK, THE FOLLOWING ITEMS ARE REQUIRED:	
1. The name and credentials of the artist(s). This should include the artist's resume and photographic examples of the artist's previous art work	
2. Detailed color slides and/or photographic or architectural renderings of the existing art work.	
3. A written description of the proposed public art.	
4. The location for the existing art work (site plan);	
5. Schedule for the installation of existing art work.	
6. An independent appraisal or other evidence of value, such as an artist's price quote or a bill of sale.	

Property Owner/Developer Signature

Date

NDS staff/Dr. Clifford Smith - 941-365-2200, Ext. 4361

Date



Date: _____

Public Art Committee
NDS Department
1565 First Street, Annex Bldg.
Sarasota, FL 34236

Dear Public Art Committee:

RE: COMMITMENT TO PROVIDE PUBLIC ART

I hereby acknowledge receipt of the Public Art Requirements Information Package and Application Form for Public Art Contribution and agree to meet the requirements outlined therein.

NAME OF PROJECT: _____

PROJECT ADDRESS: _____

I will contact Dr. Clifford Smith, Senior Planner, of the NDS Department at [941] 365-2200, Ext. 4361 to schedule a meeting with the Public Art Committee to discuss the public art requirement for this project.

Sincerely,

SIGNATURE [CIRCLE ONE: PROPERTY OWNER/DEVELOPER]

PRINT NAME

NDS STAFF/DR. CLIFFORD SMITH - 941-365-2200, Ext. 4361



APPLICATION TO THE PUBLIC ART COMMITTEE CHANGE FORM - FROM CONTRIBUTION TO ESCROW

DATE: _____ BUILDING PERMIT NO.: _____

NAME: _____
[CIRCLE ONE: PROPERTY OWNER / DEVELOPER]

ADDRESS: _____
[STREET]

[CITY/STATE/ZIP]

TEL No.: _____ CELL No.: _____

EMAIL: _____

PROJECT NAME: _____

ADDRESS: _____
[STREET]

[CITY/STATE/ZIP]

DOLLAR AMOUNT OF PUBLIC ART REQUIRED: \$ _____ CONSTRUCTION VALUE: \$ _____

15% Premium REQUIRED: \$ _____ **Total Escrow:** _____

1. Provide public art on development site. Acct Code: (130-068-000-220068-000000)	<input type="checkbox"/>
2. Provide public art off development site. Acct Code: (130-068-000-220068-000000)	<input type="checkbox"/>
IF OPTIONS #1 OR #2 ARE CHOSEN, THEN TEN [10] COPIES OF THIS APPLICATION AND ATTACHMENTS, AS INDICATED ON THE ATTACHMENTS CHECKLIST, NEED TO BE SUBMITTED TO THE NDS DEPARTMENT IN ORDER TO BE PLACED ON THE PUBLIC ART COMMITTEE AGENDA.	
_____ Property Owner/Developer Signature	_____ Date
_____ NDS staff/Dr. Clifford Smith - 941-365-2200, Ext. 4361	_____ Date



(Internal Change)

CHANGE FORM - FROM ESCROW TO CONTRIBUTION

DATE: _____ BUILDING PERMIT NO.: _____

NAME: _____
[CIRCLE ONE: PROPERTY OWNER / DEVELOPER]

ADDRESS: _____
[STREET]

[CITY/STATE/ZIP]

TEL NO.: _____ CELL NO.: _____

PROJECT NAME: _____

ADDRESS: _____
[STREET]

[CITY/STATE/ZIP]

DOLLAR AMOUNT OF PUBLIC ART REQUIRED: \$ _____ CONSTRUCTION VALUE: \$ _____

15% ESCROW FUNDS REFUND \$ _____

Make a contribution to the public art fund. Acct Code: (130-068-000-366000-000000)	<input type="checkbox"/>
_____ Property Owner/Developer Signature	_____ Date
_____ NDS staff/Dr. Clifford Smith - 941-365-2200, Ext. 4361	_____ Date



CHANGE FORM (DEVELOPERS PUBLIC ART) - PUBLIC ART ESCROW COMBINING

DATE: _____ BUILDING PERMIT NO.: _____

NAME: _____
 [CIRCLE ONE: PROPERTY OWNER / DEVELOPER]

ADDRESS: _____
 [STREET]

 [CITY/STATE/ZIP]

TEL No.: _____ CELL No.: _____

PROJECT NAME: _____

ADDRESS: _____
 [STREET]

 [CITY/STATE/ZIP]

DOLLAR AMOUNT OF PUBLIC ART REQUIRED: \$ _____ CONSTRUCTION VALUE: \$ _____

1. Provide public art <u>on</u> development site. Acct Code: (130-068-000-220068-000000)	<input type="checkbox"/>		
2. Provide public art <u>off</u> development site. Acct Code: (130-068-000-220068-000000)	<input type="checkbox"/>		
<p>IF OPTIONS #1 OR #2 ARE CHOSEN, THEN TEN [10] COPIES OF THIS APPLICATION AND ATTACHMENTS, AS INDICATED ON THE ATTACHMENTS CHECKLIST, NEED TO BE SUBMITTED TO THE NDS DEPARTMENT IN ORDER TO BE PLACED ON THE PUBLIC ART COMMITTEE AGENDA.</p>			
Escrows to combine:	PERMIT#	AMOUNT	TOTAL ESCROW
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	
4. _____	_____	_____	
5. _____	_____	_____	_____
<p>_____</p> <p style="text-align: center;">Property Owner/Developer Signature</p>		<p>_____</p> <p style="text-align: center;">Date</p>	
<p>_____</p> <p>NDS staff/Dr. Clifford Smith - 941-365-2200, Ext. 4361</p>		<p>_____</p> <p style="text-align: center;">Date</p>	