



Mural Sign / Artistic Mural Review Form

Development Services, City of Palestine

Contact Information:

Name: _____

Address: _____

Phone #: _____

E-mail: _____

Mural Location Information:

Property Address: _____

Is the artist the owner of this property? Yes/No _____

If no, proof of owner consent must be provided.

Is this property located in a Historic District? Yes/No _____

If yes, what material is the surface to be painted? (Raw masonry cannot be painted)

Surface to be painted: Select one – Wood – Metal – Brick – Stucco – Other _____

Description of mural location: (i.e. top half of north wall) _____

Design Description:

Is this mural an advertisement or promotion for a business or organization? Yes/No _____

Will the mural contain a logo? Yes/No _____

What is the size/dimension of the mural area? _____

If wording or text is to be incorporated in the mural, please provide here: _____

Please provide a sample sketch or drawing of the proposed mural on a separate page or provide a digital rendering.

Date: _____

Signature: _____