



**CITY OF WAUKESHA
PUBLIC ART ADVISORY COMMITTEE**

4-27-18

Art Project for Review

ONE APPLICATION PER PROJECT

Date Submitted

NAME OF ART: Downtown Waukesha (Farmermarket, FNL) ^{crawl} **VALUE:** 10,000 -
ADDRESS (if no address, location): Clock Tower parking lot, next to Carroll U mural

OWNER/APPLICANT INFORMATION	ARTIST INFORMATION
Name: <u>Lynn Gaffey/Wauk West End Artists</u>	Name: <u>Brad & Kit Bondow (wall dogs)</u>
Company Name: <u>Waukesha West End Artists, UA</u>	Address, Zip Code: <u>Elkhorn, WI</u>
Address, Zip Code: <u>342 W. Main St 53186</u>	Email: <u>info@brushfire-signs.com</u>
Email: <u>gaffey@gmail.com</u>	Phone: <u>262-245-5709</u>
Phone: <u>262-542-1522</u>	Website(s) where previous work can be viewed: <u>brushfire-signs.com</u>

IMPORTANT: A DIGITAL (JPG) copy of the artwork must be submitted with this application along with a picture or rendering of the art. This must show dimensions to scale and colors. A site plan is required to show location and placement of art. **PLEASE ATTACH** examples of current work.

CHECK ONE:

- New Art Existing Art Other _____
 Permanent Temporary (SPECIFY DURATION) (on panel board)

LOCATION/PLACEMENT (Circle all that apply):

- Wall Door Projecting Window Roof Billboard
 Flat Awning Freestanding Yard Double Face

TYPE OF ART (Circle all that apply):

- 2-D 3-D Painting Carving Collage Sculpture Fresco Mosaic Mobile Statue Mixed-Media Site-Specific

DIMENSIONS:

Horizontal Width of Art 20' Vertical Dimension of Art 10' Depth of Art _____

MATERIALS USED:

PROPOSED MAINTENANCE PLAN:

With my signature I state and agree that I have carefully examined the completed application and do hereby certify that all information herein is true and correct, and I further certify that any and all work performed shall be done in accordance with the Ordinances of the City of Waukesha, and the Laws of the State of Wisconsin pertaining to the work described herein. I understand that an uncompleted application may not be accepted and/or reviewed.

Legal Signature Lynn J Gaffey Print Name Lynn J Gaffey Date 4-27-18

OFFICE USE ONLY

APPROVED Conditions (if any):
 Must present to Plan Commission for Final Approval
 Must present to _____ for Approval
 The installation for this artwork will require a Building Permit.

DENIED Does not conform to:

<input type="checkbox"/> Height	<input type="checkbox"/> Architecturally compatible	<input type="checkbox"/> Invalid Materials	<input type="checkbox"/> Clearance	<input type="checkbox"/> Area	<input type="checkbox"/> Corner Vision	OTHER: _____
<input type="checkbox"/> Projection	<input type="checkbox"/> Avoid needless elaboration	<input type="checkbox"/> Does not conform	<input type="checkbox"/> Distracting Art	<input type="checkbox"/> Setback	<input type="checkbox"/> Not Art	





