



City of Hialeah
Planning & Zoning Division
501 Palm Avenue, 2nd Floor
Hialeah, FL 33180

ART-LIVE-WORK DISTRICT

MURAL PERMIT

Permit ZN # _____

Name of Artist (print or type)

Telephone Number

Street Address

Suite

Email Address

Business Owner Business Tax Receipt:

Name of Property Owner or Representative(print or type)

Contact Name

Corporation Name

Telephone Number

Street Address

Suite

Email Address

I am requesting a Mural Permit having the following dimensions:

_____ high by _____ wide and equals _____ square feet in sign area

Number of Walls and location: _____

Display Period: _____

City of Hialeah Code of Ordinances Chapter 58, Graffiti, and Ordinance 2013-87 are part of this application package.

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I have read and understand the regulations affecting murals. I also understand that the Mural shall be completed within 180 days of the approval of this application and must be properly maintained to avoid fading of colors, humidity stains, etc.

Applicant Name (print or type)

Applicant Signature

Date

I authorize the applicant to place the mural(s) as indicated in the application. I acknowledge that if the applicant violates the code, I will be responsible and subject to code enforcement proceedings pursuant to Chapter 22 of the City of Hialeah, Florida, Code of Ordinances.

Shopping Center Owner Name

Shopping Center Owner Signature

Date

FOR CITY USE

Prior Mural Permit(s) issued:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Dates: _____
Sketch of Proposed Mural:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Proposed Mural(s) Location:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Business Tax Receipt	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Issued	Date: _____ Month: _____		

Comments:

Reviewed By: _____ Date: _____
APPROVED BY: _____ Date: _____