

**Visual Arts Commission
Public Art Application
City of Sioux Falls**

Please fill in the information below regarding your request to have an item heard and reviewed at the regular monthly meeting of the Commission. The Visual Arts Commission meets the third Tuesday of each month at the City Center, 231 North Dakota Avenue, at 9 a.m., unless otherwise noted. Requests for action must be submitted to the Board liaison, Planning Office at the City Center, 231 North Dakota Avenue, by 5 p.m. by the first of each month to guarantee placement on that month's meeting agenda.

Attach the following items along with application.

1. Site Plan—include 8 x 10 images or sketches of location indicating where proposed artwork will be placed.
2. Artwork—include images or sketches of artwork.

Applicant Name(s) _____

If applicable, Donor Name(s) _____

Contact Person Name _____

Address _____
Street City State Zip

Telephone _____ Email _____

Artist Name _____

Address _____
Street City State Zip

Telephone _____ Email _____

Artwork

Title _____

Height _____ Width _____ Length _____ Weight _____

Media _____ Approximate value \$ _____

Is this art piece being donated to the City of Sioux Falls? Yes No

Proposed location _____

Permanent or Temporary

If temporary, please define exact timeframe _____

Project completion timeframe _____

Please address the following evaluation criteria for the proposed artwork placement on City-owned property.

1. **Artwork concept**

2. **Safety/security**—How will the artwork be well protected from potential theft and vandalism, and how will it be properly secured to ensure the safety of those around the artwork?

3. **Installation plan and cost; e.g., responsible party, method, and equipment requirements**

4. **Are City support services needed; e.g., utilities maintenance requirements, lighting, etc.?**
Yes No

5. **Any anticipated maintenance**

I, _____ hereby declare these statements are true to the best of my knowledge. If items from this application change, the signer will need to resubmit application for review.

Signature _____ Date _____