

MURAL APPLICATION

My Commission Expires _____

APPLICANT INFORMATION:		
Last Name Barham	First Stephanie	M.I. R. Date 05/13/24
Street Address 222 W. Main Street		Apartment/Unit #
City Kingsport	State TN	ZIP 37660
Phone (423) 354-5151	E-mail Address Srbarhand	Dnortheaststate, edu
ARTIST INFORMATION:		
Last Name Culbertson	First Samantha	M.I. Date to start:
Street Address 397 Harry Fry Dr.		Apartment/Unit #
City Gate City	State Virginia	ZIP (2018) 24251
Phone (423) 782-8479	E-mail Address of Website Page:	shthepixels.com
PROPERTY INFORMATION:	•	
Tax Map Information Tax map: Group:	Parcel: Lot:	
Street Address 222 W. Main St.		Apartment/Unit #
City Kingsport	State TN ZIP	37660
SUPPLEMENT INFORMATION REQUIRED:		
 Please make sure to submit the following required information Kingsport, TN 37660 Written consent from the property owner giving you per 		
 Scale drawing and color photo of the building showing p 	proposed size and location of the mural. D	rawings shall include the dimensions, construction
supports, sizes, foundations, electrical wiring and components, ma	aterials of the mural and method of attach	ment and character of structure members to which
attachment is to be made.		
DISCLAIMER AND SIGNATURE		
By signing below I state that I have read and understand the of meeting in which my application will be reviewed by the Commitherein or have been appointed by the property owner to serve as	ssion. I further state that I am/we are th	
Signature:		Date:
Signed before me on thisday of	, 20	
a notary public for the State of		
County of		