

# Application for Mural Permit

## City of Wauchula

126 S. 7<sup>th</sup> Avenue

Wauchula, FL 33873

Ph: (863) 773-9193 Fax: (863) 773-0436

1. Address of property where work is to be performed: 116 W. Main  
Parcel ID : 03-34-25-0200-00020-18  
The present use of the property: Masonic Lodge meeting space, salon,

2. Applicant's Name: Main Street Wauchula,  
Address: 107 E. Main  
City: Wauchula St: FL Zip Code: 33873  
Work Phone: 863-767-033 Home Phone: \_\_\_\_\_  
E-mail: jnewman@cityofwauchula.co

Owner's Name: Masonic Lodge #17 F & A  
Address: 116 W. Main  
City: Wauchula St: FL Zip Code: 33873  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail: hosslaughlin@gmail.co

Artist's Name: Alexa Scheipsmeire - Alexa Lauren Design  
Address: 211 Austin  
City: Bowling Green St: FL Zip Code: 33834  
Work Phone: 863-781-481 Home Phone: \_\_\_\_\_  
E-mail: alexa@theheartlandfamily.co

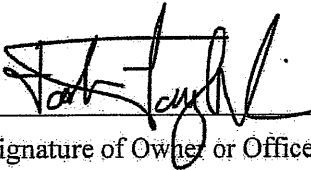
3. Maintenance schedule: As needed. Sherwin Williams Exterior Latitude paint will be used. Paint is  
formulated to resist heat, water, mildew UV, moisture, and other  
elements, thus  
UV light resistant coating: Sherwin Williams Exterior Latitude  
Sacrificial coating: \_\_\_\_\_

4. Zoning: P-SP\* Setbacks: Front 0 Side 0 Rear 30

5. Documentation Submitted:	Property Owner Affidavit	<u>X</u>
	Color rendering of Mural	<u>X</u>
	Photograph of Building	<u>X</u>
	Building Elevations	<u>                    </u>
	Other	<u>                    </u>

  
\_\_\_\_\_  
Signature of the Applicant

1/28/26  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Owner or Officer of Company

1/29/26  
\_\_\_\_\_  
Date

# PROPERTY OWNER'S AFFIDAVIT

WE,

I, Jacob Laughlin

being duly sworn, depose and say that (**we are**) (**I am**) the owner(s) of the property involved in this application and that (**we**) (**I**) authorize the painting of a mural upon the subject property and accept the responsibility of maintenance of the mural pursuant to the standards set for in the Unified Land Development Code of the City of Wauchula. The statements and information above referred to are in all respect true and correct to the best of (**our**) (**my**) knowledge and belief.

Jacob Laughlin

Printed Name:

Printed Name:

STATE OF FLORIDA  
COUNTY OF HARDEE

The foregoing Property Owner's Affidavit was acknowledged before me this 29  
day of January, 2026, by Jacob Laughlin

\_\_\_\_\_, who is personally known  
to me or who has produced \_\_\_\_\_ as identification.



Sarah W. Evers  
Printed Name: Sarah W Evers  
Notary Public, State of Florida  
Commission Expires: 12/18/26