

**Planning Division**  
50 W. Gay St.  
Columbus, Ohio 43215-9040  
(614) 645-8664

**Downtown Commission**  
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Urban Design Manager  
(614) 645-8404  
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## *Downtown Commission* **Certificate of Appropriateness** **Ad Mural Application Form**

### INTRODUCTION

Since the inception of the ad mural program in 2004 ad murals have comprised about 50% of all Downtown Commission cases. This application form is structured specially for ad murals. For general discussion and criteria please refer to the Downtown Commission Guidelines at <http://www.columbus.gov/Templates/Detail.aspx?id=16484>

### CERTIFICATE OF APPROPRIATENESS PROCESS

All new development, expansions, exterior alteration, demolitions, graphics (including ad murals), and other site improvements within the Downtown District boundary must have a *Certificate of Appropriateness* from the Downtown Commission before zoning clearance or the issuance of a permit.

### DEADLINES

A completed Downtown Commission application must be received by the city's Planning Division staff at least two weeks prior to the scheduled commission meeting in order to be placed on the corresponding monthly meeting agenda. See the website for meeting dates or call staff.

### SUBMITTAL REQUIREMENTS

1. A completed and signed Application
2. Site plan. A Franklin County Auditor's plan of property will be sufficient.
3. Colored "flat art" of the submission
4. Photoshopped perspective of the ad mural proposal in its setting.

### WHERE TO SEND COMPLETED APPLICATIONS

Application and material can be emailed to: [djthomas@columbus.gov](mailto:djthomas@columbus.gov) or mailed and/or delivered in paper form to:

The City of Columbus  
Planning Division  
50 W Gay St, Columbus, Ohio 43215-9032

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### OWNER/APPLICANT SIGNATURE

I certify that I have read the Introduction to this application and that the information I have included, and all accompanying documentation, is complete and accurate to the best of my knowledge. I further certify that I, the applicant, have been authorized by the owner for this submission.

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Signature of Owner or Applicant

Date

STAFF USE ONLY ABOVE LINE

**APPLICANT INFORMATION**

**Certified Property Address** -

**Applicant** -

Mailing Address -

City, State, zip -

Daytime Telephone -

email -

*List only if applicable and/or different from applicant*

**Property Owner** -

Mailing Address -

City, State, zip -

Daytime Telephone -

email -

**Attorney** -

Mailing Address -

City, State, zip -

Daytime Telephone -

email -

**Design Professional(s)** -

Mailing Address -

City, State, zip -

Daytime Telephone -

email -

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**DESCRIPTION OF MURAL**

**DIMENSIONS**

Width -

Length -

IS IT LIT? -Yes  No

Is lighting planned? Yes  No

NEW LOCATION? - Yes  No

Last installation? \_\_\_\_\_

TERM - Install \_\_\_\_\_ Take Down \_\_\_\_\_

METHOD OF INSTALLATION - Vinyl Mesh / Brackets  Heat transfer

Other -