



Application # \_\_\_\_\_ (For office use)

# Columbus Art Commission

## Certificate of Approval Application NEW WORKS OF ART

Project Name LIVINGSTON PARK PUBLIC ART PROJECT - STREETCAR Date 11.10.15  
DISTRICT ART SERIES SCULPTURE #2

Exact Location of the Proposed Project  
LIVINGSTON PARK, (SOUTHERN FACE OF PARK, ACROSS FROM 17<sup>th</sup> ST.)

Type of Art Work SCULPTURE  
(e.g. sculpture, mural, installation, video, etc.)

### Type of Action Requested (Check as many as apply)

- Conceptual review of project design and placement
- Design approval
- Design reconsideration
- Placement approval
- Alteration to CAC approved design and/or placement
- Placement reconsideration

### Proposed Installation (Check as many as apply)

- Temporary - Please list length of duration (up to 5 years) \_\_\_\_\_
- Long-term - Duration greater than five years to indefinitely
- Installation of individual work(s)
- Integrated into the design and physical development of a building, capital improvement, park, plaza, etc.
- On property owned or leased by the City of Columbus
- In, on or over the public right-of-way

### Ownership

- Art will be owned by the City of Columbus
- Art will be donated to the City of Columbus
- Art will be loaned to the City of Columbus
- Art will be privately owned with no affiliation to the City of Columbus and will be maintained by the applicant.

List the City Department responsible for design, placement and maintenance of the installation, if applicable (Please specify).

RECREATION AND PARKS

City Department Contact MOLLIE O'DONNELL MHODONNELL@COLUMBUS.GOV 614.645.3308  
Name Email Phone

### Applicant Contact Information

Name THE NEIGHBORHOOD DESIGN CENTER

Address 1902 N. HIGH STREET COLUMBUS, OHIO 43201

Phone 614.221.5001 Fax 614.221.5614

Email ISABELAG@THENEIGHBORHOODDESIGNCENTER.ORG Website WWW.THENEIGHBORHOODDESIGNCENTER.ORG

[Signature] Applicant Signature [Signature] Supporting City Department Signature (If applicable)



Please include eight hard copies and one electronic version in PDF format (DVD/CD) of the check list materials, unless otherwise indicated.

- Artist/organization project description, including how the project originated and who is involved.
- Resume/Exhibition List and CD Rom or photos of Artist's previous work.
- Proposed timeline for fabrication and installation (and removal date/plan if temporary).
- Specific materials: specify dimension, weight, materials, color, texture and finish. Provide one full set of samples. If the work is a mural, specify type and brand of paint. Include maintenance considerations for all materials.
- Artwork foundation/support attachment.
- Site plan and contextual photo of site. Please note whether the site/building (if mural) is listed as historic, or is located in a historic district.
- Elevation drawings showing the relationship of the work to the site.
- Scale model of the work showing its relationship to the site, (if required by the Commission).
- Budget and funding sources (committed and anticipated).
- Include a strategy for maintenance, including a complete list of all maintenance requirements.
- If the work is to be donated or placed on loan, provide a letter of support from the coordinating City Department.
- Documentation of community process, including input and responses, from neighborhood organizations, such as city commissions, civic associations and societies, if applicable.

### Temporary Art Only

- In addition to the items listed above, provide proof of liability insurance. If the insurance is being provided by another organization, please list the entity.

\_\_\_\_\_

### Artist Contact Information

Name TOM HUBBARD

Address 100 CHAMPION LANE CHAGRIN FALLS, OH 44022

Phone 440.409.9003 Fax \_\_\_\_\_

Email INFO@TOMHUB.COM Website WWW.TOMHUB.COM

**NOTE:** Columbus Art Commission Approval shall be required **in addition** to any other approval or permit that may be required by the City of Columbus prior to such placement or to allow continued placement. This includes, but is not limited to, the issuance or renewal of a Special Right-of-Way Permit pursuant to Chapter 910.

Please submit this form to:

Lori Baudro, AICP  
Program Coordinator  
Columbus Planning Division  
109 N. Front Street, gr. fl.  
Columbus, Ohio 43215  
p. 614.645.6986  
f. 614.645.1483  
lsbaudro@columbus.gov