

Facilities

MURAL DESIGN GUIDELINES

E (1) 7151.01

DESIGN INFORMATION FORM

Print this form and bring it and the attachments to the meeting with San Diego Unified School District staff. Both the lead artist and the project coordinator should attend the review. To schedule an appointment with the Physical Plant Operations (“PPO”), Self Help Coordinator call 858.637.6267 or email aeaton@sandi.net.

Lead Artist’s Name _____ **Date** _____

Project Coordinator (if different from above) _____

Organization _____ **Phone** _____

Email _____

Address _____

City _____ **State** _____ **Zip** _____

Funding Source (Site Discretionary, Bond Funding, other) _____

Proposed Site of Artwork (Address/Cross St.) _____

Attach a separate document if necessary, to address the following items*:

1) Description of proposed artwork and design sketch _____

2) Materials and process to be used _____

3) Names of other individuals/groups involved in mural preparation, design and/or implementation

ATTACHMENTS CHECK LIST	DEPARTMENT REVIEW CHECK LIST (For Internal Use Only)		
Project description and participants* (see above)	Department	Signature	Date
Written permission includes acknowledgment of responsibilities from property owner	PPO		
Timeline	FPC		
Photos of site (and elevation drawings, if available)			
Lead artist’s qualifications and work samples			
Color scale rendering of design			
Evidence of community support, if available			
Signed “Waiver of Proprietary Rights”			