



PUBLIC ART PROGRAM GRANT APPLICATION

City of Atlantic Beach

Community Development Department
800 Seminole Road Atlantic Beach, FL 32233
(P) 904-247-5800

FOR INTERNAL OFFICE USE ONLY

FILE # _____

APPLICANT INFORMATION

NAME _____ PHONE # _____

ADDRESS _____ CELL # _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ RE# _____

SUBDIVISION _____ BLOCK # _____ LOT # _____

PROPERTY OWNER INFORMATION *(if different than the applicant)*

NAME _____ PHONE # _____

ADDRESS _____ CELL # _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ OWNER LEGAL AUTHORIZED AGENT

AMOUNT OF GRANT MONEY REQUESTED _____

PROVIDE ALL OF THE FOLLOWING INFORMATION

BRIEF DESCRIPTION OF THE SCOPE OF YOUR PROPOSED PROJECT'S MEANING OR SYMBOLISM. *(YOU CAN ATTACH FURTHER DETAILS WITH THIS PACKAGE WHEN YOU PROVIDE THE NECESSARY DOCUMENTATION IN THE APPLICATION CHECKLIST)*

