



Application Submittals – Contact Information:

Office of Rail – Safety, Security, and Property Operations Unit
 State of CT - Department of Transportation
 CCO Building No. 24
 4 Brewery Street, 4th Floor
 New Haven, CT 06511
 Email – DOT.RailProperties@ct.gov



CT DOT Office of Rail

Application for Artwork License

****Note: Only a Municipality or State Agency may apply. Please refer to the CT DOT Office of Rail: Artwork Policy & Application Process located at <https://portal.ct.gov/DOT/Publictrans/Office-of-Rail/RailPropUtilities-Forms>. prior to applying****

This application form will be considered complete when all sections except those checked “No” are filled out. Please type “N/A” if a section is not applicable. Any submissions which are missing attachments or in which the application form is not complete, will be considered incomplete and not be reviewed.

Note: Each application shall only be for a single installation/application. Multiple installations/multiple locations each require their own application

SECTION 1: Applicant Information		TO BE COMPLETED BY APPLICANT	
Applicant Identification			
Municipality/Agency Name:			
Legal Address (1):			
Legal Address (2):			
City:	State:	Zip:	
Business Type:	<input type="checkbox"/> Municipality <input type="checkbox"/> State Agency <input type="checkbox"/> Other (Please Specify Below)		
Other – Please describe:			
Billing Address			
<input type="checkbox"/> (Check box if same as above)			
Billing Address (1):			
Billing Address (2):			
City:	State:	Zip:	
Applicant Contact Information			
Contact Name:	Contact Title:		
Office Phone:	Ext.	Mobile Phone:	
Email:	Emergency Phone:		
Additional Contact Information			
Are you applying on the behalf of another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		Entity Name:	
If yes, please identify the entity type and contact information: <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other (Please describe): _____			
Contact Name:	Contact Title:		
Office Phone:	Ext.	Mobile Phone:	
Email:	Emergency Phone:		

SECTION 2: Project Contact Information		TO BE COMPLETED BY APPLICANT	
<input type="checkbox"/> Check here if address is same as legal address above			
<input type="checkbox"/> Check here if the project contact information is the same as above			
Project Contact Information			
Agency/Department Name:			
Project Manager/Contact Name:		Contact Title:	
Office Phone:	Ext.	Mobile Phone:	
Email:		Emergency Phone:	
Mailing Address:			
City:		State:	Zip:

SECTION 3: Property Use Application		TO BE COMPLETED BY APPLICANT	
Location of Proposed License Area			
Street Address of Proposed License Area:			
City:		State:	Zip:
Latitude:		Longitude:	
Street Names of Nearest Intersection:			
Railroad Operator at License Area:			
Existing Conditions of Proposed Location			
Is there an existing agreement in place for this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is the Rail File #?		
Are there any existing structures or improvements at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe (<i>Please type N/A if Not Applicable</i>):			
Proposed Property Use and Dimensions			
Please describe in detail your proposed installation of art at the location:			
Does your proposed art installation require materials that will remain, or modifications to be made, on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, plans and details are required to be submitted with the application.</i>			
Dimensions of the proposed installation area: _____ feet by _____ feet			
Proposed License Start and Term			
Proposed Start Date of License:	Proposed End Date of License:	Format: 01/01/2000	
Additional Comments/Notes			

SECTION 4: Signed Application**TO BE COMPLETED BY APPLICANT**

By signing below, I am indicating that I am a duly authorized representative of the agency/municipality named above in Section 1 and I represent that the proposed Artwork is in compliance with the CT DOT Office of Rail Artwork Guidelines & Application Process and that the information submitted in and with this Application is accurate.

Name (Printed)

Signature

Date

Submission of Complete Application

SECTION 5: Submission of Application**TO BE COMPLETED BY APPLICANT****Required Attachments and Complete Application**

The Applicant must submit the following items in order for the application to be deemed complete and eligible for review by CTDOT:

- Completed and signed application
- Rendering of the artwork to be displayed
- Map showing the location of proposed artwork
- Engineering Plans (if applicable)

Applicant must submit application and required attachments via email to DOT.RailProperties@ct.gov.