

Date Received: \_\_\_\_\_

CITY OF GLEN ROSE

Code Enforcement Office

254-897-9373

Fax: 254-897-7989

### CERTIFICATE OF APPROPRIATENESS APPLICATION

Completed package must be received at least three weeks prior to the next scheduled Board meeting in order to be placed on the agenda for review and vote. Attach additional description pages to give full details, if needed.

Property Owner		Applicant/Tenant/Owner's Representative	
Name	James Brady Martin	Name	James Brady Martin
Address	202 Paluxy St.	Address	202 Paluxy St.
Phone	[REDACTED]	Phone	[REDACTED]
Email		Email	

Property Address	SAME	Legal Description	
Present Use	HOME	Built Circa	1910
Proposed Use	SAME	Current Zoning	RESIDENTIAL

Architect or Contractor Name OWNER

Address \_\_\_\_\_ Phone \_\_\_\_\_

Proposed Work/Design Description REPLACE FRONT PORCH COLUMN

<input type="checkbox"/> Scale Drawings with Dimensions Attached	<input type="checkbox"/> Photos Attached	<input type="checkbox"/> Current	<input type="checkbox"/> Historic
<input type="checkbox"/> Material Sample(s) Attached	<input type="checkbox"/> Rendering of Signage Attached		

I hereby certify that this information is correct to the best of my knowledge, and that the said work will be done in conformance with all submissions herein set forth and in compliance with the City of Glen Rose's Historic District Ordinances and Building Codes. I understand that falsifying information may result in nullification of this request.

Owner's Signature [Signature] Applicant's Signature [Signature]

Denied  Approved  Conditions \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Preservation Board Chair Preservation Board Officer City Building Official

THIS IS NOT A BUILDING PERMIT AUTHORIZING ANY CONSTRUCTION OR REMODELING. CONTACT THE CODE ENFORCEMENT OFFICE PRIOR TO THE START OF ANY WORK. THIS COA BECOMES NULL AND VOID OF AUTHORIZED WORK IS NOT COMMENCED WITHIN 180 DAYS.