

Staff Use Only
Date Received: 1/9/23

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	City of Glen Rose	Name	Michael LeamonS
Address	PO Box 1949	Address	201 NE Vernon
Phone	254-897-2272	Phone	254-897-2272
Email		Email	Michael.LeamonS@glenroseTX.org
Property Address	201 NE Vernon		
Present Use	Legal Description		
Proposed Use	Built Circa		
	Current Zoning		

Architect or Contractor Name _____

Address _____ Phone _____

Proposed Work/Design Description Repair base of column by front door

<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 Michael Leamon Applicant's 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.