

Staff Use Only
Date Received: 1/13/22

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	LUCI DIGIORGIO/OAKDALE	Name	
Address	[REDACTED]	Address	
Phone	[REDACTED]	Phone	
Email	[REDACTED]	Email	
Property Address	1019 NE BARNARD ST	Legal Description	
Present Use	RV PARK + CABINS	Built Circa	
Proposed Use	RV PARK + CABINS	Current Zoning	

Architect or Contractor Name OAKDALE MAINTENANCE STAFF

Address 1019 NE BARNARD Phone [REDACTED]

Proposed Work/Design Description 3 CABINS EXTERIOR HOT WATER HEATER CLOSET. THEY ARE ROTTED AND WILL BE REPLACED WITH SAME MATERIALS

<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 _____

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.