



Application for Certificate of Appropriateness Extension

GLENN ROSE HISTORIC PRESERVATION COMMISSION

PROPERTY OWNER: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

DATE OF ORIGINAL APPROVAL: _____

REASON FOR EXTENSION REQUEST: _____

PROPOSED START DATE: _____

PROPOSED FINISH DATE: _____

ON-SITE CONTACT Name: _____