

CITY OF GLEN ROSE Code Enforcement Office

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 Katil Morre	Name Crave Bakery
21) NE Barnard St.	Address
Phone 254 897 2852	Phone (B17) 773 2245
Email	Email Crave glenvose la gravi l'
Property Address 2/1 NE Bururd	Legal Description Bukery (offee Stop
Present Use	Built Circa
Proposed Use	Current Zoning
Architect or Contractor Name Lims (146
Address	Phone
Proposed Work/Design Description Pin U	, Lights clinit mas outdoor
Scale Drawings with Dimensions Attached	Photos Attached Current Historic
☐ Material Sample(s) Attached	Rendering of Signage Attached
I hereby certify that this information is correct to the h	est of my knowledge, and that the said work will be done in conformance
with all submissions herein set forth and in compliance	e with the City of Glen Rose's HistMic District Ordinances and Building
Codes. I understand that falsifying information may re	Ult in nullification of this request.
Owner's Signature Katie Mare - appro	of 2 Applicant's Signature flugged from
☐ Denied ☐ Approved Conditions	
Х Х	X
Preservation Board Chair Preserv	vation 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.