

Staff Use Only  
Date Received: 5/21/24

Emergency Replacement  
due to shingles  
missing & active  
leaks.  
254-897-9373 Fax 254-897-7989

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  | <u>PS Properties, LLC</u>       | Name                                    | <u>Pamela Streeter</u>          |
| Address                                       | <u>205 SW Barnard St.</u>       | Address                                 | <u>205 SW Barnard St.</u>       |
| Phone   | <u>254-897-2929</u>             | Phone                                   | <u>254-897-2929</u>             |
| Email   | <u>Pamela@innontheriver.com</u> | Email                                   | <u>Pamela@innontheriver.com</u> |
| Property Address<br><u>205 SW Barnard St.</u> |                                 | Legal Description                       |                                 |
| Present Use<br><u>Hotel</u>                   | Built Circa<br><u>1919</u>      |   |                                 |
| Proposed Use<br><u>Hotel</u>                  | Current Zoning<br><u>B2</u>     |   |                                 |

Architect or Contractor Name DT Roofing

Address 5900 E US Highway 37A, Suite 102 Phone 817-579-7800

Proposed Work/Design Description Roof Replacement

|   |  |                                  |                                   |
|---|--|----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Scale Drawings with Dimensions Attached | <input type="checkbox"/> Photos Attached               | <input type="checkbox"/> Current | <input type="checkbox"/> Historic |
| <input checked="" 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.