Date Received: 61434

CITY OF GLEN ROSE

Code Enfarcement 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 Weedon, James L	eveliname Trou Hill/obol Nicola Ka.
.P.O Box 116	Address City Call
hone GlenRose	Phone 254-396-2467
mail	Email
roperty Address 110 N. E. Barnard	Legal Description
Antique Store	Built Circa (9)
roposed use Boutique An tique Store	Current Zoning Commercia
chitect or Contractor Name	Sign Solution
Idress 96/2 5/1) 112/5/1000	Busteron Phone 877-295-6004
	e 3x5 or 3x6 either blackwith
unite background or u	white letter 5 with black backgrand
Scale Drawings with Dimensions Attached	☐ Photos Attached ☐ Current ☐ Historic
Material Sample(s) Attached	Rendering of Signage Attached
	of my knowledge, and that the said work will be done in conformance
in all submissions nerein set forth and in compliance wil des. I understand that falsifying information may result	ith the City of Glen Rose's Historic District Ordinances and Building
A Q (1)	Applicant's Signature DAURUNO
Denied Approved Conditions	
x	x
Preservation Board Chair Preservation	on Board Officer City Building Official
	ANY CONSTRUCTION OR REMODELING. CONTACT THE CODE ANY WORK. THIS COA BECOMES NULL AND VOID OF AUTHORIZED
Tracks In Time	