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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 TGR-Healthcare - Rick Villa	Name Scott Burgess						
Address Po Box 9300	Address 10 85 CR 414						
Glancosa TX 16043	Glencose Tx 76043						
Phone 254 396 2264	Phone 8179806161						
Email Rick_Uilla OTBRHealthcare.	come Email Sbregass customhomos @ Gmail. C						
Property Address 114 E. Bernards	Legal Description						
Glan Rosa Tk 16043							
Present Use VACAnt	Built Circa						
Proposed Use ROTAL	Current Zoning B3						
New Address numbers T Scale Drawings with Dimensions Attached							
☐ Material Sample(s) Attached	☐ Rendering of Signage Attached						
	my knowledge, and that the said work will be done in conformance						
with all submissions nerein set forth and in compliance with i Codes. I understand that falsifyin g information m ay result in	the City of Glen Rose's Historic District Ordinances and Building						
Owner's Signature	Applicant's Signature feel Broke						
☐ Denied ☐ Approved Conditions							
x x	XX						
Preservation Board Chair Preservation	Board Officer City Building Official						
	NY CONSTRUCTION OR REMODELING. CONTACT THE CODE NY WORK. THIS COA BECOMES NULL AND VOID OF AUTHORIZED						
66#S							
Primary 3008-100 Tein	4009-2						