

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 KAREN RICHARDSON	Name SAME
Address 303 SVI BYENARD BOX 239	Address
Phone 254 997 1960	Phone
Email	Email
Property Address 303 SWANNER	Legal Description
Present Use ENDELAPE ARCHITECT OFFICE	Built Circa 1920
Proposed Use SAME	Current Zoning RI Lathered Control
Architect or Contractor Name	
Address	Phone
Proposed Work/Design Description EPPCT APPANT INFORMATION KLOCK IN	
Scale Drawings with Dimensions Attached	Photos Attached Current Historic
☐ Material Sample(s) Attached	☐ Rendering of Signage Attached
	y knowledge, and that the said work will be done in conformance
with all submissions herein set forth and in compliance with th	e 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 Applicant's Signature	
☐ Denied ☐ Approved Conditions	
x x	x
Preservation Board Chair Preservation B	oard 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.