Staff Use Only

Date Received: _____

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 Somervell Co. Museum	Name Somervell County Museum Dennis Moore
Address P.O. Box 669	Address
Phone	Phone
Email	Email

Property Address 101	Legal Description
Present Use Museum	Built Circa 1905
Proposed Use Museum	Current Zoning Commercial

Architect or Contractor Name Tonya Fonseca

Address _____ Phone _____

Proposed Work/Design Description Mural on Side of Building

☐ 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 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 Dennis Moore Applicant's Signature Dennis Moore

☐ 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.