

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 City of Glen Rose	Name RitA Smith - CUB
Address	Address
201 NE VERNON	
Phone	Phone
Email	Email
Property Address	Legal Description
100 NE Barnara St.	convention a visitors bureau
Present Use	Built Circa
Proposed Use Mural Installation	Current Zoning
Architect or Contractor Name	and the same and the same that the same same same same same same same sam
Address Phone	
Proposed Work/Design Description A MWal on back of Building	
Scale Drawings with Dimensions Attached	Photos Attached
☐ Material Sample(s) Attached	Rendering of Signage Attached
	ny knowledge, and that the said work will be done in conformance he City of Glen Rose's Historic District Ordinances and Building
Codes. I understand that falsifying information may result in a	
Owner's Signature	Applicant's Signature RITASMITH G
□ Denied □ Approved Conditions	
xx	A Mb
Preservation Board Chair Preservation	

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.

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