



Center City Form Based Code District
ADMINISTRATIVE DELAY APPEAL

Case No. 22-05

City of Norman Planning & Community Development - 201 W. Gray St., Bldg. A - Norman, OK 73069 — (405) 366-5433 Phone - (405) 366-5274 Fax

APPLICANT(S) <u>C-30 DEVELOPMENT</u>	ADDRESS OF APPLICANT 1111 <u>209 W. APACHE ST.</u> <u>NORMAN OK 73069</u>
NAME AND PHONE NUMBER OF CONTACT PERSON(S) <u>PETER PETROMILLI</u> <u>(405) 821-4434</u>	EMAIL ADDRESS <u>PJP@CSOOKC.COM</u>

Legal Description of Property: LARSH'S 1ST LOT 5+6 BLK 7

Requests Hearing for:

CCFBC ADMINISTRATIVE DELAY

Detailed Justification for above appeal (refer to attached Resolution and justify request according to requirements therefor):

APPLICANT BELIEVES THE PROPOSAL MEETS THE REQUIREMENTS
OF THE CCFBC ZONING AND IS ACCEPTABLE SOLUTION.
THE EXISTING BLDG IS NOT IN HARMONY W/ THE INTENT &
PURPOSE BEHIND THE CITY CENTER FBC.

(Attach additional sheets for your justification, as needed.)

SIGNATURE OF PROPERTY OWNER(S):

ADDRESS AND TELEPHONE:

~~1111~~ 14708 STONE MASON DR
OK, OK 73142
(405) 821-4434

FILED IN THE OFFICE
OF THE CITY CLERK
ON 3-7-22

OFFICE
USE
ONLY

Date Submitted:

Checked by:

Temporary Administrative Delay – Center City Form-Based Code Area
Resolution No. R-2122-76

Date: 3/7/22
Address: 209 W. Apache St.
Owner/Applicant Rep.: Peter Petroilli

Your application(s) for a Certificate of Compliance for demolition of existing structure at the above address has been denied based on the City Council adopted "Temporary Administrative Delay" for the "Center City Form-Based Code Area" (see attached map). City Council adopted this Resolution on December 14, 2021, and your property is located within the area and scope of the Administrative Delay. This Administrative Delay is for a period of six (6) months and includes applications for COCs, demolition permits, and CCPUDs in the area defined by Exhibit A.

Included in the Resolution of the Administrative Delay is the option to appeal the denial. City Council recognized that applicants should have the right to appeal a denial if the applicant believes the decision to deny an application is unreasonable. Such appeal shall be filed with the Clerk of the Council within ten (10) business days after receiving this written notification.

For your reference, attached is a copy of Resolution No. R-2122-76. Included in the copy are the steps to file your appeal with the Clerk, page 3, §21-22, as well as the map outlining the area covered by the Administrative Delay.

Owner/Applicant Rep. Signature: [Signature]

Printed Name: Peter Petroilli

E-Mail & Phone: pjp@csodk.com

Application Number for Tracking Purposes Only: 22-05

Planning & Community Development
Current Planning
405-307-7112
Current.planning@normanok.gov

[Signature]
Title:

3/7/22
Date



Demolition Permit Application

RECEIVED
Development Services

Permit No. 22-819

MAR 07 2022

City of Norman Development Services Division 201 W. Gray St., Bldg. A Norman, OK 73069 (405) 366-5339 Permits (405) 366-5445 Fax

PROJECT ADDRESS <u>209 W. APACHE ST</u>	BLOCK <u>7</u>	LOT <u>5+6</u>	TIME DIVISION (SEE ATTACHED SHEET <input type="checkbox"/>) <u>1:40-3:10</u>
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OWNER NAME: <u>CSD - REPRESENTATIVE</u>	CONTRACTOR: <u>CSD DEVELOPMENT</u>
ADDRESS: <u>14708 STONE MANOR DR</u>	ADDRESS: <u>14708 STONE MANOR DR</u>
CITY: <u>OKC</u> STATE: <u>OK</u> ZIP: <u>73142</u>	CITY: <u>OKC</u> STATE: <u>OK</u> ZIP: <u>73142</u>
PHONE: <u>(405) 821-4434</u> FAX: _____	PHONE: <u>(405) 821-4434</u> FAX: _____
CELL PHONE #: _____	CELL PHONE #: _____
E-MAIL ADDRESS: <u>pjp@csookc.com</u>	E-MAIL ADDRESS: <u>pjp@csookc.com</u>

# OF STORIES <u>1</u>	# OF UNITS <u>2</u>	DESCRIBE WORK: <u>DEMOLITION</u>	DISPOSAL SITE:
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PLANNING DEPARTMENT	CURRENT ZONING: <u>BLUE</u>	PROPOSED FUTURE USE OF SITE: <u>BLUE</u>
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IF PROPOSED FUTURE USE IS **NOT** ALLOWED BY ZONING, APPLICANT MUST SIGN THE FOLLOWING STATEMENT BEFORE PROCEEDING: I UNDERSTAND THAT MY PROPOSED USE FOR THIS SITE IS NOT ALLOWED UNDER THE CURRENT ZONING & THAT REZONING WILL BE REQUIRED BEFORE A BUILDING PERMIT WILL BE ISSUED.

SIGNATURE: _____ DATE: _____

CONSTRUCTION TRAFFIC CONTROL	PROJECT: <input type="checkbox"/> WILL <input checked="" type="checkbox"/> WILL NOT REQUIRE PERMIT TO WORK IN PUBLIC RIGHT OF WAY.
	<input type="checkbox"/> WILL <input checked="" type="checkbox"/> WILL NOT REQUIRE APPROVED TRAFFIC MANAGEMENT PLAN.

UTILITY DISCONNECTS	ELECTRICITY <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT CONTACTS ELECTRICAL UTILITY (USUALLY OEC, 321-2024, OR OG&E, 272-1010) TO REQUEST ELECTRIC METER AND SERVICE DISCONNECT TO BE PULLED. CONFIRMATION SHOULD BE FAXED TO THE CITY OF NORMAN, BUILDING PERMIT DESK, FAX 366-5445.
	CONFIRMATION RECEIVED: <input type="checkbox"/> YES <input type="checkbox"/> NO CONNECTION BY: _____	
	FUEL GAS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROPANE	APPLICANT CONTACTS FUEL GAS SUPPLIER (USUALLY ONG, 551-4000 OR LOCAL PROPANE DISTRIBUTOR) TO REQUEST DISCONNECTION OF GAS METER. CONFIRMATION TO BE FAXED TO THE CITY OF NORMAN, BUILDING PERMIT DESK, FAX 366-5445.
	CONFIRMATION RECEIVED: <input type="checkbox"/> YES <input type="checkbox"/> NO CONNECTION BY: _____	
	SEWER A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	APPLICANT CONTACTS CITY OF NORMAN SEWER LINE MAINTENANCE SUPERVISOR AT 329-0703 AND REQUESTS "SEWER CAP REVIEW". SUPERVISOR WILL MEET WITH YOU AND LIST REQUIREMENTS BELOW, AND SIGN THIS FORM.
	SEWER CAP REVIEW → SEWER MUST BE SEALED AS FOLLOWS: _____ _____ _____ LINE MAINTENANCE SEWER OFFICIAL: _____ DATE: _____	
SEWER B	APPLICANT IS REQUIRED TO COMPLETE WORK AS NOTED ABOVE AND CALL SEWER LINE MAINTENANCE SUPERVISOR AT 329-0703 FOR A "SEWER CAP FINAL" INSPECTION BEFORE COVERING WORK. PLEASE GIVE LINE MAINTENANCE AS MUCH LEAD TIME AS POSSIBLE WHEN COORDINATING THIS INSPECTION.	
SEWER SEALED TO CITY SPECIFICATIONS & APPROVED BY: _____ DATE: _____		
WATER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONSTRUCTION METER	PERMIT DESK WILL FAX A COPY OF THIS APPLICATION TO LINE MAINTENANCE WHICH SERVES AS NOTICE TO DISCONNECT WATER SERVICE AND PULL WATER METER.	
WATER METER REMOVAL → REMOVED AFTER SEWER CAP FINAL APPROVED: LINE MAINTENANCE PERSONNEL: _____ DATE: _____		

*CITY OF NORMAN LINE MAINTENANCE WILL NOTIFY BUILDING PERMIT DESK BY RETURN FAX TO 366-5445 UPON COMPLETION OF THE SEWER & WATER TASKS.

READ & SIGN	The granting of this permit shall not be construed as permission to violate any laws; additional requirements may be printed on the permit. All requirements and laws will be complied with whether specified herein or not. This permit expires if no inspections are obtained within a six month period. This permit requires final inspections. I agree to abide by all laws and ordinances governing this type of work whether specified herein or not and hereby certify that I have read and examined this application and know the same to be true & correct.	
	Printed Name: <u>Pete Peremilli</u>	Signature: <u>[Signature]</u> Date: <u>3.7.22</u>

NOTICE: ALL ITEMS MUST BE COMPLETED BEFORE PERMIT WILL BE ISSUED

FEE \$ _____

PERMIT MANAGER: _____
TRAFFIC ENGINEER: _____
PLANNING DIRECTOR: _____