

The City of Norman Historic District Commission
FOR CERTIFICATE OF APPROPRIATENESS (COA)

Staff Only Use

HD Case #:

Date:

Received by:

Note: Any relevant building permits must be applied for and paid for separately in the Planning and Community Development Office. 405-366-5311

Address of Proposed Work:

Applicant's Contact Information:

Applicant's Name: Travis Kanard

Applicant's Phone Number(s): 405.209.6045

Applicant's E-mail address: traviskanard@gmail.com

Applicant's Address: 510 Shawnee Street Norman OK 73011

Applicant's relationship to owner: ☐ Contractor ☐ Engineer ☐ Architect

Owner's Contact Information: (if different than applicant)

Owner's Name:

Owner's Phone Number(s):

Owner's E-mail:

Project(s) proposed: (List each item of proposed work requested. Work not listed cannot be reviewed.)

- 1) removal of existing addition in disrepair
- 2) adding a two story addition in its place
- 3)
- 4)

Supporting documents such as project descriptions, drawings and pictures are required see checklist page for requirements.

Authorization: I hereby certify that all statements contained within this application, attached documents and transmitted exhibits are true to the best of my knowledge and belief. In the event this proposal is approved and begun, I agree to complete the changes in accordance with the approved plans and to follow all City of Norman regulations for such construction. I authorize the City of Norman to enter the property for the purpose of observing and photographing the project for the presentations and to ensure consistency between the approved proposal and the completed project. I understand that no changes to approved plans are permitted without prior approval from the Historic Preservation Commission or Historic Preservation Officer.

Property Owner's Signature: [Signature]

Date: 5-1-05

☐ (If applicable): I authorize my representative to speak in matters regarding this application. Any agreement made by my representative regarding this proposal will be binding upon me.

Authorized Representative's Printed Name:

Authorized Representative's Signature:

Date: