

The City of Norman Historic District Commission APPLICATION 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:		515 Miller Ave, Norman, OK 73069	
Applicant's Contact Information:			
	Applicant's Name: William Taber Halford		
	Applicant's Phone Number(s): 405-207-6910		
	Applicant's E-mail address: taberhalford@gmail.com		
	Applicant's Address: 515 Miller Ave, Norman, OK 73069		
	Applicant's relationship to owner: <input type="checkbox"/> Contractor <input type="checkbox"/> Engineer <input type="checkbox"/> Architect		
Owner's Contact Information: (if different than applicant)			
	Owner's Name: Allison R Halford/William Taber Halford		
	Owner's Phone Number(s): 405-207-6910/ 405-650-5892		
	Owner's E-mail: taberhalford@gmail.com		
Project(s) proposed: (List each item of work proposed. Work not listed here cannot be reviewed.)			
1)	Installation of Concrete (Side yard / 297 297 sq ft)		
2)			
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: 			Date: 7.8.2024
<input checked="" type="checkbox"/> (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: William Taber Halford			
Authorized Representative's Signature: 			Date: 7/8/24