

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: 485 College Ave, Norman OK		73069	
Applicant's Contact Information: Krittenbrink Architecture LLC			
Applicant's Name: Carla Catherine Gilarranz			
Applicant's Phone Number(s): [REDACTED]			
Applicant's E-mail address: [REDACTED]			
Applicant's Address: [REDACTED]			
Applicant's relationship to owner:		☐ Contractor ☐ Engineer ☒ Architect	
Owner's Contact Information: (if different than applicant)			
Owner's Name: Stephen Teel			
Owner's Phone Number(s): [REDACTED]			
Owner's E-mail: [REDACTED]			
Project(s) proposed: (List each item of work proposed. Work not listed here cannot be reviewed.)			
1) New fence on the north and west side of the property			
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: [Signature]		Date: 09.30.2025	
☐ (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: Catherine Gilarranz & Mark Krittenbrink			
Authorized Representative's Signature: [Signature]		Date: 09.30.2025	