			Staff Only Use:
The City of Norman Historic District Commission			HD Case #
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS (COA)		(COA)	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: 1320 Okla			noma Ave. Norman OK 73071
Applicar	t's Contact Information:		
	Applicants Name:Edwin Amaya		
	Applicants Phone Number(s):4056382976		
	Applicants E-mail address:edwin.amaya.r@gmail.com		
	Applicants Address: 800 Brian Ct Moore OK 73160		
	Applicantos relationship to owner: Contractor Engineer Architect		
Owner's Contact Information: (if different than applicant)			
	Ownercs Name: Edwin Amaya		
	Ownercs Phone Number(s):4056382976		
	Owner E-mail: edwin.amaya.r@gmail.com		
Project(s) proposed: (List each item of work proposed. Work not listed here cannot be reviewed.)			
¹⁾ New Construction of a two-story single family home + ADU			
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. 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:01/10/2025
☐ (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:			
Authorized Representative's Signature: Date:			