

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:		627 OLIVY LANE	
Applicant's Contact Information:			
	Applicant's Name:	DAVID BOELK	
	Applicant's Phone Number(s):	405-919-8242	
	Applicant's E-mail address:	DLB@OK.EDU	
	Applicant's Address:	922 SCHULZE DR NORMAN, OK 73071	
	Applicant's relationship to owner:	<input type="checkbox"/> Contractor <input type="checkbox"/> Engineer <input checked="" type="checkbox"/> Architect	
Owner's Contact Information: (if different than applicant)			
	Owner's Name:	BRENT MAZE	
	Owner's Phone Number(s):	CELL 405-820-9846 OFF 405-321-5647	
	Owner's E-mail:	brentmaze@gmail.com	
Project(s) proposed: (List each item of work proposed. Work not listed here cannot be reviewed.)			
1)	WINDOWS - REPLACE ALL WINDOWS (SEE SPEC + ELEVATIONS IN PACKET)		
2)	FRONT DOOR - REPLACE W/ CUSTOM SOLID CORE WOOD DOOR TO MATCH		
3)	<div style="text-align: center;">EXIST'G</div> FENCE - IF REPLACE, WILL ALL MATCH EXISTING		
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: 01-08-2015
<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: DAVID BOELK			
Authorized Representative's Signature:			Date: 01-08-2015