

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: _____

Applicant's Contact Information:

Applicant's Name: Stanley Berry

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: Brock Gibbins, Kenita Gibbins

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) Demolition of existing garage and storm shelter
- 2) Construct new garage and cabana with drive
- 3) Replace concrete at existing drive
- 4) New fencing

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: *Brock C. Gibbins (P/A) Kenita Gibbins* **Date:** 9/1/2025

☒ (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: Stanley Berry

Authorized Representative's Signature: *Stanley Berry*

Date: 9/1/2025