Case No. _____

Histric District Certificate of Appropriateness (COA) Application

City of Norman Planning & Community Development – 225 N. Webster Avenue – Norman, OK 73069 – (405) 307-7112

SECTION 1: APPLICANT INFORMATION

Applicant Name: Samson Adeoye

Address of Proposed work: 916 Classen BLvd, Norman, Ok

Phone number and email of contact person: [redacted]

Applicant relationship to owner: ☒ Self ☐ Contractor ☐ Engineer ☐ Architect

Property Owner's name, phone number, and email (if different than applicant): _____

REQUIRED DOCUMENTS

Applications will be scheduled for review at the next Historic District meeting only if the completed application and all required materials are submitted through the online portal by the first business day of the month. Support documents such as site plan, elevation drawings, specification sheets, and narrative must be submitted with the COA application form to be considered complete (see first page for list of required documents).

SECTION 2: PROPOSED WORK

Project(s) proposed (Work not listed here cannot be reviewed): Remove Garage, Pour Driveway and Build Garage Apartment

SECTION 3: AUTHORIZATION AND SIGNATURES

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 Owners Signature: Samson Adeoye **Date:** 10/1/2026

Property Owner's Printed Name: Samson Adeoye

☐ (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 Representatives Printed Name: _____

Authorized Representatives Signature: _____ **Date:** _____