

The City of Norman Historic District Commission APPLICATION FOR CERTIFICATE OF APPROPRIATENESS (COA) Request for removal of garage and construction of single family residence plus ADU		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:		505 Chautauqua Ave
Applicant's Contact Information:		
Applicant's Name: Owen Love (Sound Builds, LLC)		
Applicant's Phone Number(s): (405) 880-5449		
Applicant's E-mail address: owen@builditsound.com		
Applicant's Address: 3101 Venice Ct., Norman, OK 73071		
Applicant's relationship to owner:		<input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Engineer <input type="checkbox"/> Architect
Owner's Contact Information: (if different than applicant)		
Owner's Name: Brittani Beaver & Michael Serna		
Owner's Phone Number(s): (918) 808-5918 & (918) 688-6794		
Owner's E-mail: brittani.beaver@ou.edu & maserna2@gmail.com		
Project(s) proposed: (List each item of work proposed. Work not listed here cannot be reviewed.)		
1) Construction of a single-family residence with attached ADU		
2) Demolition of an existing garage		
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:		Brittani Beaver Michael Serna Date: 8/12/24
<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: Owen Love		
Authorized Representative's Signature:		Owen Love Date: 8/12/24