	Staff Only Use:
he City of Norman Historic District Commission	HD Case #
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS (COA)	Date
	Received by:
Note: Any relevant building permits must be applied for and paid for separa	tely in the Planning and
Community Development Office 405-366-5311.	
Address of Proposed Work: 643	OKMU/geo St Norman
Applicant's Contact Information:	,
Applicant's Name: Ryan B Stover a Brith	M. I. Staver
Total District	
903 90 0 0030	405 615 1608
Applicant's E-mail address: ryan_ stover@ yahoo.com	
Applicant's Address: 625 Tulsa St. Norman	OR 73071
Applicant's relationship to owner: ☐ Contractor ☐ Engineer ☐	Architect Owner
Owner's Contact Information: (if different than applicant)	
Owner's Name:	
Owner's Phone Number(s):	
Owneds Finally	
Owner's E-mail: Same	
Project(s) proposed: (List each item of work proposed. Work not listed	
1) Construct a wooder fence on the north proper 2) Construct a 4 ft wooder white pichet fence on 3)	d. handana cham lak
2)	and powerds -
Construct a 4ft wooden white pichet fence on	east site where existing
3) Extend Front porch 4 ft., to include existing block 4) Expand driveway to the south to accommodate 2 very plus and a concrete walkway to the west to con Supporting documents such as project descriptions, drawings and pi	. At 1 c. 12
1) Evacod de care way to the sorth to accompate 2 4101	hides sides by side
This add a concrete walking to the west to con	nect W/ existing cone. Anth
Supporting documents such as project descriptions, drawings and pi	ctures are required see
checklist page for requirements.	
Authorization:	
I hereby certify that all statements contained within this application, attached exhibits are true to the best of my knowledge and belief. In the event this pr	d documents and transmitted
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	e property for the purpose of
observing and photographing the project for the presentations and to ensure	e consistency between the
approved proposal and the completed project. I understand that no changes	s to approved plans are
permitted without prior approval from the Historic Preservation Commission	or Historic Preservation Officer
Property Owner's Signature:	Date: 1-9-25
[(If applicable): Lauthorize my representative to speak in matters regarding	g this application. Any
agreement made by my representative regarding this proposal will be binding	ng upon me.
Authorized Representative's Printed Name:	
Authorized Representative's Signature:	Date: