

The City of Norman Historic District Commission APPLICATION FOR CERTIFICATE OF APPROPRIATENESS	Staff Only Use:
	HD # _____
	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:	432 Chautauqua Avenue
Applicant's Contact Information:	

Applicant's Name:	Donna Jo + Joe S. Foote
Applicant's Phone Number(s):	405-413-3517
Applicant's E-mail address:	jbfote@ou.edu
Applicant's Address:	432 Chautauqua Avenue, Norman, OK 73069
Applicant's relationship to owner:	<input type="checkbox"/> Contractor <input type="checkbox"/> Engineer <input type="checkbox"/> Architect <input type="checkbox"/> Other:

Owner's Contact Information: (if different than applicant)

Owner's Name:	Donna Jo + Joe S. Foote
Owner's Phone Number(s):	405-413-3517
Owner's E-mail:	jbfote@ou.edu

Project(s) proposed: (List each item of work proposed. Work not listed here cannot be reviewed.)

- 1) 16" x 60" bottle green shutters to be placed on lower east outside windows on garage
- 2)
- 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: Donna Jo Foote	Date: 10/13/16
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(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:	Date:
Authorized Representative's Signature:	Date: