



HISTORICAL PRESERVATION COMMISSION – SAPULPA, OKLAHOMA

CERTIFICATE OF APPROPRIATENESS

Construction Address _____

Lot _____ **Block** _____ **Addition** _____

Owner _____ **Phone** _____

Contractor _____ **Phone** _____

Type of Proposed Work Rehabilitation _____ Addition _____ New Const _____ Demolition _____

Description of Proposed Work _____

I understand that only the work that is specifically listed on or attached to this form will be reviewed and must be approved by the Historic Preservation Commission prior to the commencement of work. Any changes to the approved work will require the issuance of a new Certificate of Appropriateness.

Applicant's Signature _____ **Date** _____

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Staff Recommendation _____

Historic Preservation Commission Action Approved _____ Denied _____ Conditional _____

Conditions or Comments _____

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Chairman _____ **Date** _____

Building Inspections and Permitting

A Certificate of Appropriateness has been: Approved _____ Denied _____ Conditional _____

Conditions _____



A Certificate of Appropriateness has been Approved due to No Material Effect _____