



The City of  
OKLAHOMA CITY

Staff Only

Date Stamp

Zoning: HP or HL

District: \_\_\_\_\_

HPCA: \_\_\_\_\_

Received by: \_\_\_\_\_

# APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

NOTE: any relevant permits must be applied for and paid for separately in the Development Services Dept.

NOTE: Contact Historic Preservation Staff for final design inspection when work is complete.

Please select: ☒ New Project ☐ Revision ☐ Extension ☐ Violation Notice Issued

Location of Proposed Work (Address): 536 NW 37th OKC, OK

Legal Description of Property (lot, block, addition): Crown Heights ADD 019005

Year built: 1910 Exterior wall material: Vinyl Siding Floor area: 3346 sq. ft.

Itemized Work Items (List EACH ITEM proposed. Work not listed here will NOT be reviewed):

☐ New Construction ☐ Addition ☐ Fence ☒ Demolition (specify structure) \_\_\_\_\_  
☒ Paving (specify) \_\_\_\_\_ ☒ Renovation (specify) \_\_\_\_\_  
☐ Work not specified above \_\_\_\_\_

*for all sections please refer  
to attached documents*

## Owner's Authorization

I hereby certify that all above statements and statements contained in all attached 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 approved plans in a good and workmanlike manner. I authorize the City of Oklahoma City to enter the property for the purpose of observing and photographing the project for presentations and to ensure consistency between the approved proposal and the completed project.

☒ (If applicable): I authorize my representative to speak for me in matters regarding this application. Any agreement made by my representative regarding this proposal will be binding upon me.

Owner's Signature

*[Signature]*

Date

2-1-25

Name (printed)

Doris Kimball-Wicks

Organization

Golden Dawn Properties LLC

Address

2924 N Broadway Ste 554

Phone

310 463 4284

City, State, Zip

PMB 627789 Edmond, OK, 73034

Email

I prefer to be:

☐ Mailed or ☒ Emailed.

Representative Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Organization

Name (printed)

\_\_\_\_\_

Phone

Address

\_\_\_\_\_

Phone

City, State, Zip

\_\_\_\_\_

Email

\_\_\_\_\_

I prefer to be:

☐ Mailed or ☐ Emailed.

Contact: ☒ Owner ☒ Representative both

Is Federal money, a federal license or a federal permit included/required for any part of this project? Yes / No

If yes, what Federal agency? \_\_\_\_\_

Is the property owner pursuing the Federal Tax Credits for Rehabilitation of income producing historic properties? Yes / No (For questions concerning the federal tax credit program, telephone the State Historic Preservation Office at (405) 522-4479).

NOTE: Specific deadlines apply to submission of additional documentation or requests for appeals. Should your project be continued or denied, you are responsible for compliance with those deadlines.