



STORM SHELTER/SAFE ROOM PERMIT APPLICATION

APPLICANT INFORMATION

APPLICANT:	CONTACT:
ADDRESS:	CITY/ST/ZIP:
PHONE:	EMAIL:

HOMEOWNER'S EMERGENCY CONTACT – SOMEONE NOT IN THE SHELTER WITH YOU

NAME:	PHONE:
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INSTALLATION COMPANY

COMPANY:	CONTACT:
ADDRESS:	CITY/ST/ZIP:

PROJECT INFORMATION

LOCATION & DETAILS:

PROJECT ADDRESS:	HOMEOWNER(S)	PHONE
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TYPE OF PROJECT: (CHECK ALL THAT APPLY)

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> IN GROUND
GARAGE:	<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT	<input type="checkbox"/> CENTER	OTHER LOCATION: _____	

STORM SHELTER INFO:

DATE OF INSTALLATION:	MANUFACTURER:			
CONSTRUCTION TYPE:	<input type="checkbox"/> MASONRY	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> STEEL	OTHER: _____
ESTIMATED COST:	SQUARE FOOTAGE:			

SUBMITTAL INFORMATION

- ▶ RESIDENTIAL STORM SHELTER APPLICATIONS MUST INCLUDE 1 PDF SET OF PLANS (USB, CD OR EMAILED).
- ▶ COMMERCIAL STORM SHELTER APPLICATIONS MUST INCLUDE 1 PDF SET OF PLANS (USB, CD OR EMAILED).
- ▶ TO PROCESS YOUR PERMIT APPLICATION IN A TIMELY MANNER, IT IS ESSENTIAL TO PROVIDE COMPLETE AND ACCURATE INFORMATION.
- ▶ USE THE CHECKLIST BELOW TO VERIFY ALL PLAN REQUIREMENTS AND DOCUMENTS ARE INCLUDED WITH YOUR APPLICATION.
- ▶ ALL DOCUMENTS INDICATED MUST BE SUBMITTED FOR AN APPLICATION TO BE ACCEPTED AND SUBSEQUENTLY REVIEWED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

DOCUMENT & PLAN DETAILS

DIMENSIONED PLOT PLAN OR AERIAL VIEW ▶ SHELTERS LOCATED OUTSIDE: MARK LOCATION ALONG WITH TWO MEASUREMENTS (IN FEET) TO PROPERTY LINE. (E.G.: BACK OF SHELTER TO BACK PROPERTY LINE OR SIDE OF SHELTER TO SIDE PROPERTY LINE) ▶ SHELTERS LOCATED INSIDE: MARK LOCATION OF SHELTER INSIDE THE HOME.	ENGINEERED OR FEMA CERTIFIED DRAWINGS ▶ MEETS OR EXCEEDS FEMA 320, 361 AND 2014 ICC 500 STANDARDS OR ENGINEERED AS A HARDENED ROOM
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PLAN REVIEW CHECKLISTS	PLOT PLAN	CERTIFIED DRAWINGS
RESIDENTIAL STORM SHELTER/SAFE ROOM	<input type="checkbox"/>	<input type="checkbox"/>
COMMERCIAL STORM SHELTER/SAFE ROOM	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT: I UNDERSTAND THAT AS THE APPLICANT I WILL BE RESPONSIBLE FOR ALL MAINTENANCE OR REPAIRS TO MY SAFE ROOM. I UNDERSTAND THAT I AM RESPONSIBLE FOR MAKING SURE MY SAFE ROOM MEETS OR EXCEEDS FEMA 320, 361 AND 2014 ICC 500 STANDARDS OR HAS BEEN ENGINEERED AS A HARDENED ROOM AND WILL PROVIDE A STATEMENT FROM MY SAFE ROOM CONTRACTOR STATING SUCH.

DISCLAIMER: IF YOU ARE A PART OF A REBATE PROGRAM, THERE MAY BE ADDITIONAL REQUIREMENTS.

STORM SHELTER/SAFE ROOM CANNOT BE UTILIZED WITHOUT A CERTIFICATE OF COMPLETION ISSUED BY THE BUILDING & FIRE CODE SERVICES DEPARTMENT.

BY SIGNING THIS FORM, YOU ACKNOWLEDGE THE BUILDING PLANS SUBMITTED COMPLY WITH ALL REQUIREMENTS, APPLICABLE CODES, AMENDMENTS AND ORDINANCES SET FORTH BY THE EDMOND CITY COUNCIL.

APPLICANT SIGNATURE: _____ DATE: _____