



Storm Shelter Permit requirements:

- Fill out a Building Permit Application
 - Name
 - Address
 - Emergency contact phone number
 - Check the Storm Shelter box

- Provide a plot plan that shows the location of the storm shelter.
 - If the storm shelter is outside
 - It cannot be placed in utility or drainage easements.
 - The shelter will not be allowed to be placed in any designated flood plain areas.
 - If the storm shelter is inside
 - What room?
 - Above ground or below ground.

- The owner shall supply proof from the supplier the storm shelter complies with the ICC 500 Manufacturing requirements and the FEMA 320 recommendations.

- Pay \$80.00 permit fee.

PROJECT INFORMATION			
Project Address		City	State
Lot	Block	Subdivision	
Type of Project (Check all that apply):			
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> In Ground
<input type="checkbox"/> Above Ground Safe Room		<input type="checkbox"/> Other _____	
Location of Shelter:			
<input type="checkbox"/> In Garage	<input type="checkbox"/> In Backyard	<input type="checkbox"/> In Front Yard	
<input type="checkbox"/> In-House Above Ground Safe Room	<input type="checkbox"/> In Right Side Yard (When Facing Home)	<input type="checkbox"/> In Left Side Yard (When Facing Home)	
<input type="checkbox"/> Other _____			
Estimated Cost \$ _____ <i>(Include parts and labor, if any)</i>	Date of Installation:		Property within or touching the 100 and/or 500 year flood zone boundary? <input type="checkbox"/> Yes <input type="checkbox"/> No
SHELTER REGISTRATION			
What is the storm shelter capacity (estimated number of individuals the shelter could hold)? _____		Will there be emergency supplies inside the storm shelter (i.e. water, food, flashlights, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact (Individual that is not in the shelter): Name			Phone Number
Special Medical Needs/Comments, if any:			
APPLICANT INFORMATION			
Applicant Name		Applicant Address	Applicant Phone Number 1
City	State	Zip Code	Applicant Phone Number 2
Applicant Email			
SHELTER INSTALLER / CONTRACTOR INFORMATION			
<input type="checkbox"/> SAME AS APPLICANT (PLEASE NOTE: INSTALLER WILL PERFORM ALL 3 RD PARTY INSPECTIONS TO COMPLY WITH FEMA MINIMUM REGULATIONS)			
Contractor Name		Contractor Address	Contractor Phone Number 1
City	State	Zip Code	Contractor Phone Number 2
Contractor Email			
OWNER INFORMATION			
<input type="checkbox"/> SAME AS APPLICANT			
Owner Name		Owner Address	Owner Phone Number 1
City	State	Zip Code	Owner Phone Number 2
Owner Email			
RENTAL HOUSE			
<input type="checkbox"/> NO <input type="checkbox"/> YES - PLEASE FILL OUT INFORMATION FOR TENANT BELOW:			
Tenant Name		Tenant Address	Tenant Phone Number 1
City	State	Zip Code	Tenant Phone Number 2
Tenant Email			
Applicant Signature		Applicant Name (Printed)	Date

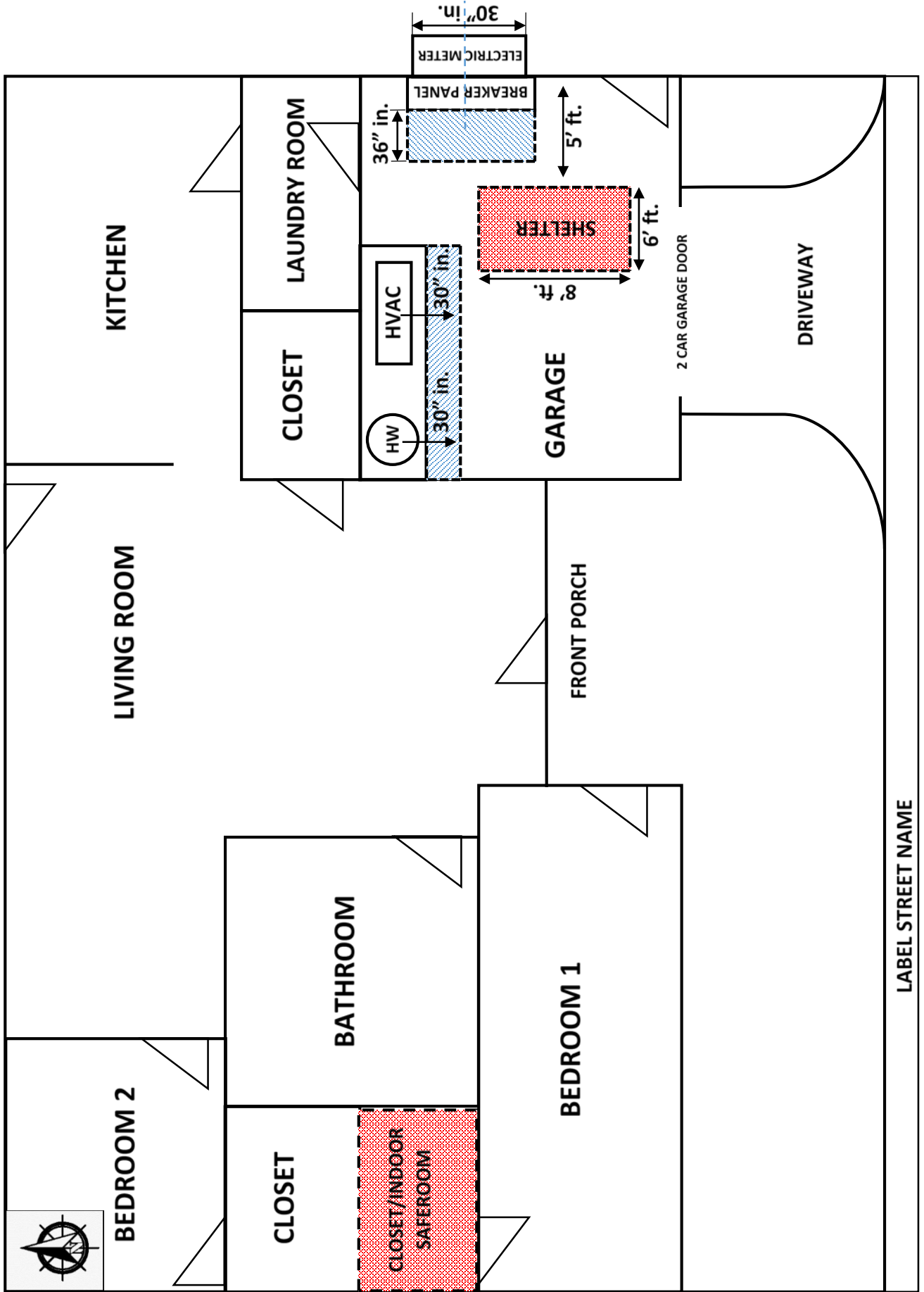
I hereby certify that the statement in this application and the attachments hereto are true and correct and that the property owner has given permission for this work to proceed. I further certify that all construction work under this permit will conform to the attached FEMA approved plans, adopted codes and will request the appropriate inspections as needed. I attest to the truth and correctness of all facts and information presented in this application and agree to pay all fees as required. All electrical, mechanical and plumbing will be performed by licensed contractors with the state of OK and the City of Glenpool. I certify that the code official or the code official's authorized representatives shall have the authority to enter area covered by such permit at any hour to enforce the provisions of the code(s) applicable to such permit.

SITE PLAN / FLOOR PLAN



PLEASE REFER TO THE SITE PLAN EXAMPLES ON PAGE THREE (3) AND FOUR (4)

SAMPLE SITE PLAN FOR INDOOR STORM SHELTER



LABEL STREET NAME

