



# Construction Permit Application

## Storm Shelters / Safe Rooms

Development Services Division 201-A W. Gray St., Norman, OK 73069 - (405) 366-5311 / (405) 366-5339

**Permit #:** \_\_\_\_\_

### Property Information

Address: \_\_\_\_\_

### Owner Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address *(if different)*: \_\_\_\_\_

Email: \_\_\_\_\_

### Contractor Information

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Shelter/Safe Room Cost: \_\_\_\_\_

Size: \_\_\_\_\_

Location: \_\_\_\_\_

### Submittal Items

Shelter Engineering

Site Plan (Exterior Shelter)

The granting of a permit or approval of plans shall not be construed as permission to violate any federal, state or local laws. Special notice is hereby given that additional requirements, notices and regulations will be printed on the permit and plans and that all additional requirements, notices and regulations and all laws and ordinances governing this type of work will be complied with whether specified herein or not. Special notice is also hereby given that this permit becomes null and void if the authorized work or construction is not commenced, is suspended or abandoned after work is commenced, or if no inspections are obtained within a 6 month period. This permit requires final inspections and a Certificate of Completion or Certificate of Occupancy.

I agree to abide by all laws and ordinances governing this type of work whether specified herein or not and hereby certify that I have read and examined this application and know the same to be true and correct.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### For in-ground shelter installed in-garage floor, please read and initial.

The City of Norman standards for in-garage storm shelters include a provision for an elevated lip around the entrance. The purpose of the lip is to prevent spilled fluids from getting into the shelter. If you feel that this safety precaution is not necessary or desired for your property, you will need to initial requesting exemption from the standard.

**Initials** \_\_\_\_\_

**Signature of Reviewer:** \_\_\_\_\_

**Date:** \_\_\_\_\_