



City of Centerton
Department of Building Safety
 P.O. Box 208, Centerton, AR 72719
 Phone (479)795-2750 Ext. 202 or 201
 Email: buildingsafety@centertonar.us

Storm Shelter Permit

Project Information

Address _____ Subdivision _____
 Lot Number _____ Today's Date _____

Contractor's Submittal Checklist	Building Contractor Information
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<input type="checkbox"/> Permit Application <input type="checkbox"/> FEMA Approved Plans/Specs—Digital Format Required <input type="checkbox"/> Site Plan/ Plot Plan <input type="checkbox"/> Contactors License / General Liability and Workman's Comp	Business Name _____ Owners Name _____ Address _____ City _____, _____
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Home Owner Information	
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Name _____ Address _____ City _____, _____ Phone () _____ - _____	Phone () _____ - _____ Cell () _____ - _____ License # _____ Exp. _____ Email _____
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Site Plan / Plot Plan - Fill in box below	
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In ground - Garage In ground Front/Backyard Above ground - Garage / in House Project Cost \$ _____

Property

I hereby certify that I have read and examined the application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified here in or not. The granting of a permit does not presume to give authority to, violate or cancel the provisions of any other State or local law regulating construction or the performance of construction. Compliance Codes: Title 11 Building and Construction, AFPC 2021 VIII, NEC 2020, IMC 2021, APC 2018, AFGC 2018, Ark. Energy Code 2014, and Chapter 15.12 Outdoor Lighting Illumination.

Contractor Signature	Print Name	Date

Department of Building Safety	Date