



**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
----------------------------------	---------------------------------

<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"/> Contractors License / General Liability and Workman's Comp	Business Name _____ Owners Name _____ Address _____ City _____, _____ Phone (    ) _____ - _____ Cell (    ) _____ - _____ License # _____ Exp. _____ Email _____
---	--

**Home Owner Information**

Name _____ Address _____ City _____, _____ Phone (    ) _____ - _____	License # _____ Exp. _____ Email _____
--	---

**Site Plan / Plot Plan - Fill in box below**

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
-------------------------------	------