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RESIDENTIAL SAFE ROOM PERMIT APPLICATION

Date:			Permit Fee: <u>\$74.50</u>	
Property Owner:				
	(name)	(address)	(phone)	
Project Address:				
Legal description of p	roperty:			
Contractor :				
	(name)		(phone)	
Type of Safe Room:	Below Ground	Above Ground		
Location of Safe Roon	n: (Be specific)			
Safe Room Square Footage:		Project (Project cost: \$	

Attach a sketched drawing identifying where the Safe Room will be installed on the property; include other structures such as house, garage, outbuildings, etc. on the drawing. All Safe Rooms require a final inspection by the Delaware County Emergency Management Department, and must be registered with the City of Grove E911 Department.

It shall be unlawful to commence the installation of a Safe Room until the Building Inspector has issued a building permit for such work. An issued permit becomes invalid if the work on the site authorized by the permit does not commence within 180 days of issuance, or if the work on the site is incomplete due to suspension or abandonment 180 days after the work commenced.

Signature of Applicant: _____ Date: _____