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STORM SHELTER/ SAFE ROOM PERMIT

Permit No. _____

Date: _____

Applicant: _____

Address: _____

Home and Cell: 1# _____ 2# _____

Email: _____

Size: _____ FT Wide _____ FT Long

Builder/ Installer: _____

LOCATION OF WHERE SHELTER WILL BE PLACED

ANY RESIDENTS WITH MEDICAL ISSUES

PERMIT GIVEN BY: _____

COST: \$20.00