St. Joseph County I City of South Bend

BUILDING DEPARTMENT

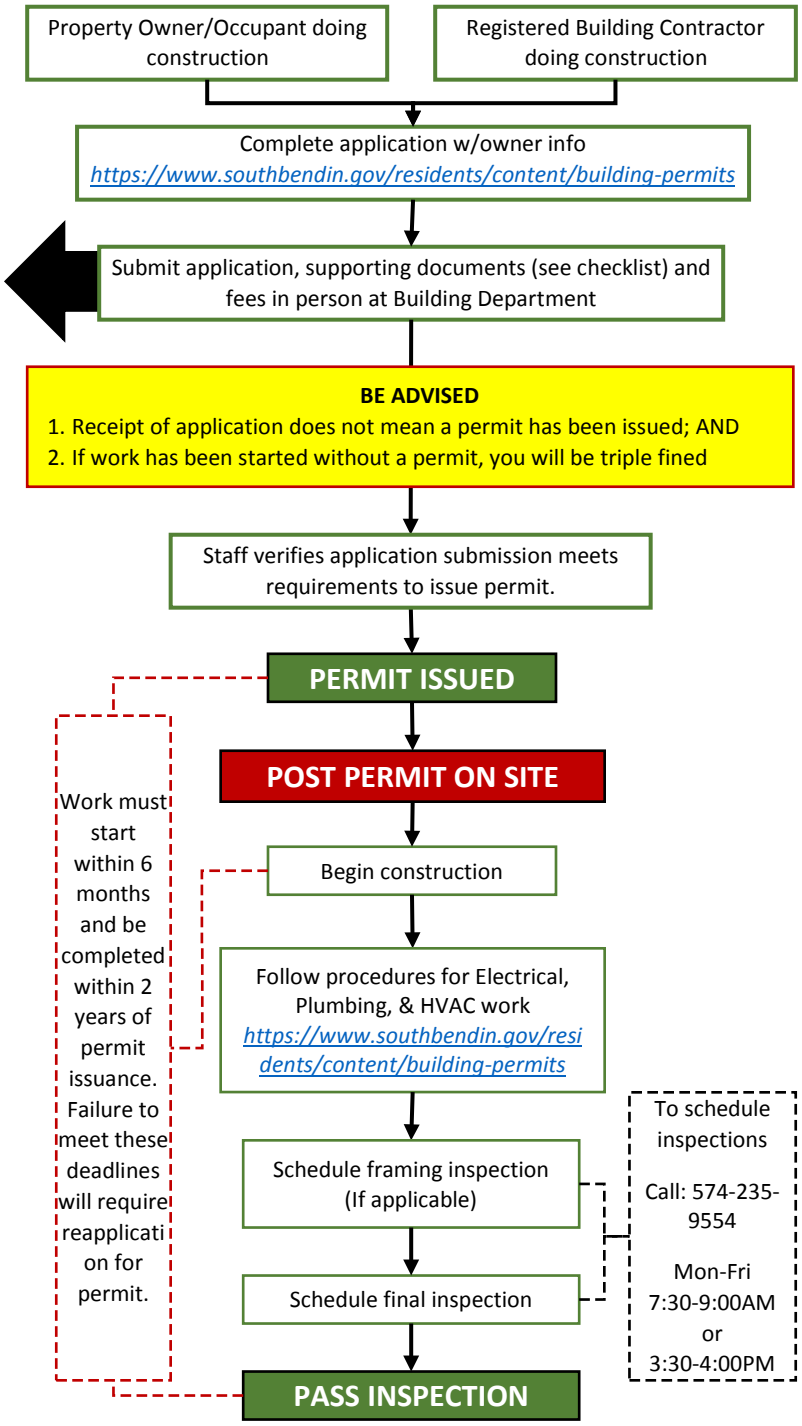
CHIMNEY PERMIT APPLICATION

CHIMNEY PERMIT CHECKLIST

- ☐ 1. Completed Application
- ☐ 2. Special use/exception and/or variance approvals if applicable
- ☐ 3. Signed contract showing estimated cost of construction
- ☐ 4. All contractors involved in the project- building, electrical, plumbing, and HVAC. (on application form)
- ☐ 5. Energy Code Certification if applicable
- ☐ 6. For finished basement applicable affidavit sign by property owner
- ☐ 7. Application fee **SEE FEE SCHEDULE FOR APPLICABLE PERMIT FEES

USEFUL LINKS

- ✓ Residential Permitting Steps https://southbendin.gov/wp-content/uploads/2018/08/ResidentialPermitting-Process.pdf
- ✓ City of South Bend Zoning/Variance Applications http://southbendin.gov/zoning St.
- ✓ Joseph County Zoning/Variance Applications http://www.sjcindiana.com/306/Division-of-Planning-Zoning
  Flood Plain and Wetlands
- ✓ http://www.southbendin.gov/government/content/flood-plains-wetlands
- ✓ Historic Properties http://stjocogis.maps.arcgis.com/apps/PublicInformation/index.html?appid=fe6f472405f14b468e2f983c83ecbba1



CHIMNEY PERMIT APPLICATION

ST. JOSEPH COUNTY | CITY OF SOUTH BEND | BUILDING DEPARTMENT

PROPOSED PROJECT ADDRESS: _____ _____ _____ _____

Address | City | Zip | Township

PROPERTY OWNER: _____

PHONE NUMBER: _____ **EMAIL:** _____

MAILING ADDRESS: _____ _____ _____ _____

Address | City | State | Zip

SIGNED CONTRACT SHOWING COST OF CONSTRUCTION MUST BE PROVIDED UPON APPLICATION SUBMITTAL

COST OF CONSTRUCTION: $ _____

BUILDING CONTRACTOR: _____ **OR** **OWNER AS CONTRACTOR** ☐

PHONE: _____ **EMAIL:** _____

ADDRESS: _____ _____ _____ _____

Address | City | State | Zip

All contractors must be licensed and/or registered with our department. For more information on this go to** ***http://www.southbendin.gov/government/content/contractor-licenses-0

***Application must be signed below**

I certify the above to be a true and accurate to the best of my knowledge.

_____ _____

APPLICANT SIGNATURE **DATE**

_____ _____

PRINT NAME **ORG/BUSINESS OR OWNER**

_____ _____

PHONE **EMAIL**