



BUILDING DEPARTMENT

COMMERCIAL ROOFING/SIDING PERMIT APPLICATION FORM

PROPOSED PROJECT ADDRESS:

ZONING: _____ OVERLAY/NNZO: Yes No HISTORIC DISTRICT: Yes No

PROPERTY OWNER: _____

PHONE NUMBER: _____ EMAIL: _____

MAILING ADDRESS: _____ Address _____ City _____ State _____ Zip _____

PROJECT COST: \$ _____ ROOF TEAR-OFF \$ _____ ROOF OVERLAY \$ _____ SIDING

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