



BUILDING DEPARTMENT

COMMERCIAL ROOFING/SIDING PERMIT APPLICATION FORM

PROPOSED PROJECT ADDRESS:

_____ Address _____ City _____ Zip

PROPERTY OWNER:

PHONE NUMBER:

EMAIL:

MAILING ADDRESS:

_____ Address _____ City _____ State _____ Zip

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

CONSTRUCTION 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 can be emailed to us at building@southbendin.gov or provided to the address below for review.**

***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