

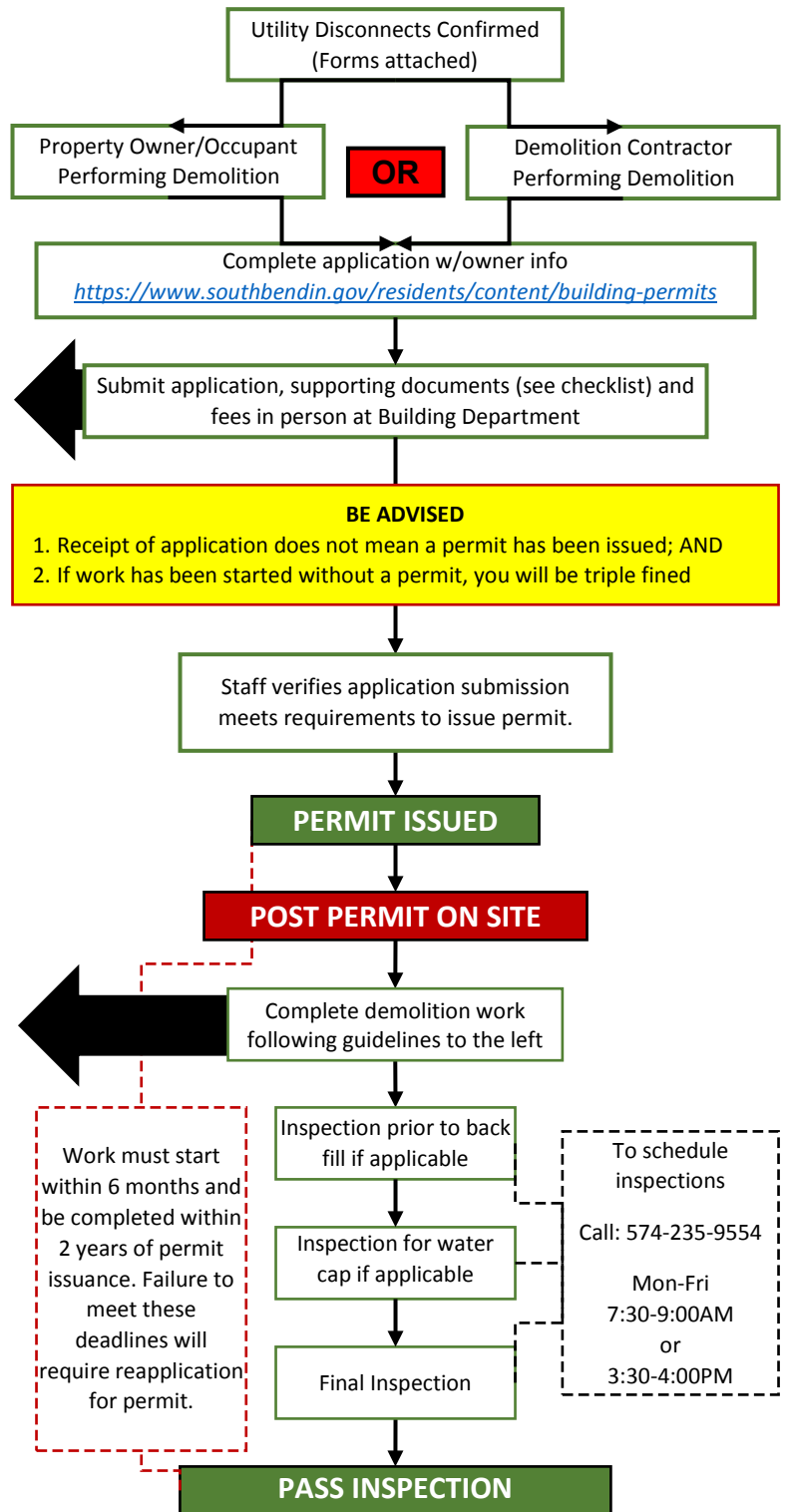
St. Joseph County | City of South Bend BUILDING DEPARTMENT DEMOLITION PERMIT APPLICATION

DEMOLITION APPLICATION CHECKLIST

- 1. Completed Application
- 2. All applicable contractors involved in the demolition OR if the property is within CITY limits AND the property owner is doing the work AND the structure(s) is larger than 600 sq/ft a bond must be registered with the building department.
- 3. For County Demolitions, an Abandonment Permit from the Health Department is required for septic AND well.
- 4. Utility Release verifications
- 5. Application fee ****SEE FEE SCHEDULE FOR APPLICABLE PERMIT FEES**

DEMOLITION GUIDELINES

1. Be sure to obtain any other applicable permits required (eg. Occupancy Permits for occupying Public Right-of-Way.)
2. For County Demolitions, an Abandonment Permit from the Health Department is required.
3. Ensure asbestos or other hazardous/toxic materials are identified and disposed of properly.
4. Demolition of the building(s) includes removal of the following: accessory buildings and sheds, sidewalks, driveways, slabs, fences, retaining walls, basements, dead trees, bushes and all other such items that might be a part of the property that should be removed.
5. Septic tank and drywells must be filled with clean fill.
6. In the case of a demolition including a basement all debris must be removed from the remaining and hole and visual inspection by the Building Department completed prior to backfilling.
7. Fill must be to grade level and completed with clean fill.
8. Unless specifically requested by the client all live trees must be left standing.
9. Demolition must begin within 6 months of permit issuance and completed within 2 years of permits issuance. Failure to comply with these timelines will require reapplication for permit.
10. All debris and residue as a result of demolition is to be hauled away or removed by an approved landfill.
11. Upon completion schedule an inspection to verify.





DEMOLITION PERMIT APPLICATION
 ST. JOSEPH COUNTY | CITY OF SOUTH BEND | BUILDING DEPARTMENT

PAYMENT:
 CHECK # _____
 CARD
 CASH

**PROPOSED
 PROJECT
 ADDRESS:**

_____ Address _____ City _____ Zip _____ Township

PROPERTY OWNER:

PHONE NUMBER:

EMAIL:

MAILING ADDRESS:

_____ Address _____ City _____ State _____ Zip

**STRUCTURE TYPE
 TO BE
 DEMOLISHED:**

- PRIMARY STRUCTURE INCLUDING BASEMENT INCLUDING ATTACHED GARAGE ACCESSORY STRUCTURE

FLOORS:

1 ST Floor _____ sq/ft	2 ND Floor _____ sq/ft	3 RD Floor _____ sq/ft	Basement _____ sq/ft
Attached Garage _____ sq/ft	Accessory Structure _____ sq/ft	TOTAL _____ sq/ft	

VERIFICATION OF UTILITY DISCONNECTS:

- ELECTRIC GAS WATER/WELL/SEPTIC

**Proof of utility disconnects must be provided with this application.*

*****If you will be blocking a public right-of-way (including sidewalks, roadways, or alleys) you must obtain Permits from Engineering.**



DEMOLITION PERMIT APPLICATION

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

DEMOLITION

CONTRACTOR: _____

OR

OWNER AS CONTRACTOR

*Please note that properties within
City limits that are over 600 sf may
NOT be demolished by a property owner

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

REQUEST

CONFIRMATION OF RETIREMENT OF ELECTRIC SERVICES

DATE: _____

(TO BE FILLED OUT BY REQUESTOR)

PROPERTY ADDRESS: _____

REQUESTED BY: _____

COMPANY: _____

EMAIL _____

PHONE _____

FAX _____

UTILITY COMPANY: _____

FOR ELECTRICAL CONFIRMATION PLEASE EMAIL TO:

Jspencer@aep.com
Mkretchmer@aep.com
Anbest@aep.com
Mbcarter@aep.com
DIMoss-Clark@aep.com

(TO BE FILLED OUT BY UTILITY)

DATE SERVICES REMOVED: _____

UTILITY REPRESENTATIVE: _____

DATE RETURNED BY REP: _____

COMMENTS:

CONFIRMATION OF RETIREMENT OF GAS SERVICE

- CONTACT NIPSCO'S CUSTOMER SERVICE AT 1-800-4647726 (OR OTHER SERVICE PROVIDER)

CONFIRMATION OF RETIREMENT OF WATER SERVICE

- CONTACT WATER WORKS AT 574-235-9322 (OR OTHER SERVICE PROVIDER)

CONFIRMATION OF WELL/SEPTIC ABANDONMENT

- CONTACT THE HEALTH DEPARTMENT AT 574-235-9750