

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

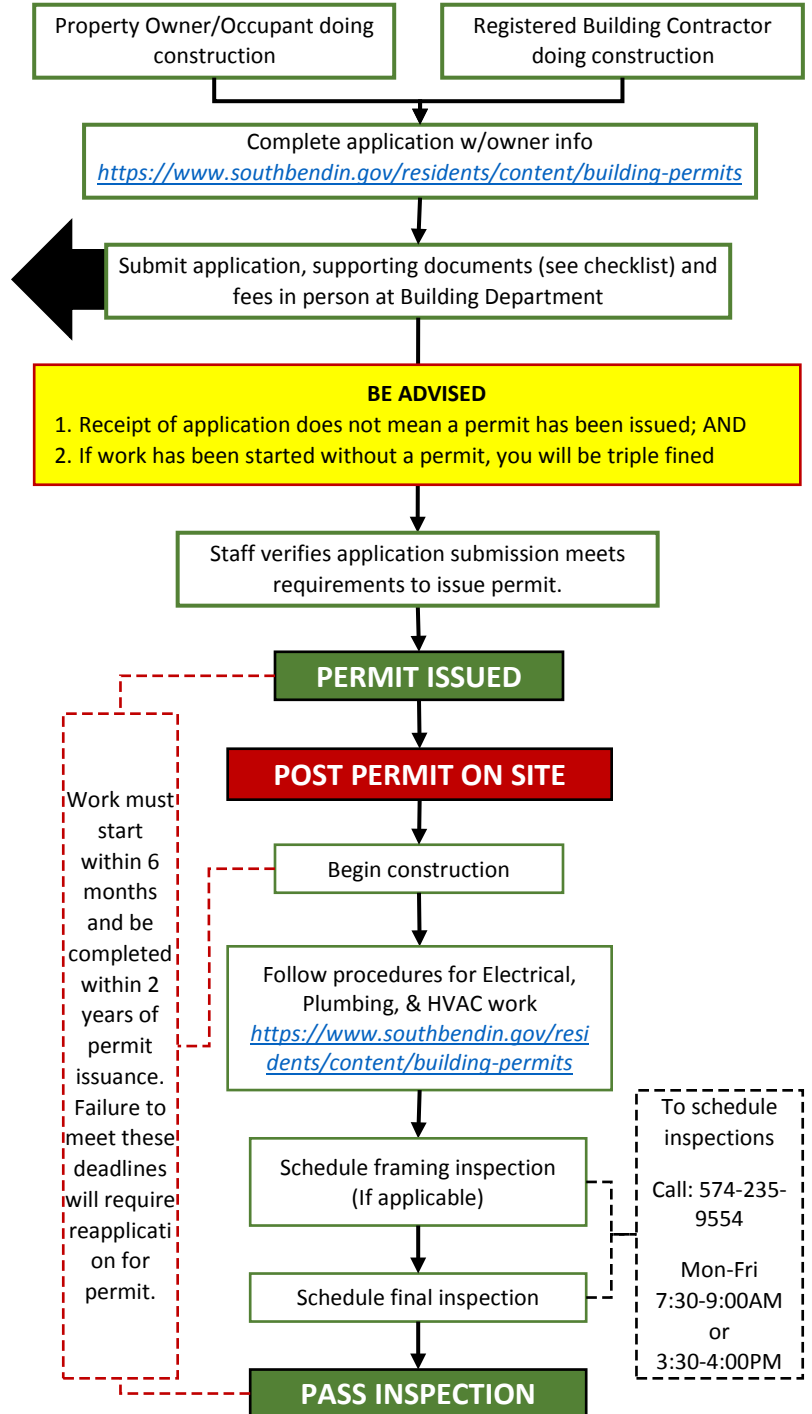
INCLUDES WINDOWS, SIDING & ROOFING

HOME RENOVATION PERMIT CHECKLIST

- 1. Completed Application
- 2. Special use/exception and/or variance approvals if applicable
- 3. Cost of labor and materials (on application form)
- 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://stjocoqis.maps.arcgis.com/apps/PublicInformation/index.html?appid=fe6f472405f14b468e2f983c83ecbba1>



EXCELLENCE | ACCOUNTABILITY | INNOVATION | INCLUSION | EMPOWERMENT

125 S. Lafayette Blvd. | Suite 100 | South Bend, Indiana 46601 | p 574.235.9554 | f 574.235.5541 | www.southbendin.gov



HOME RENOVATION PERMIT APPLICATION

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

PROPOSED PROJECT ADDRESS:

_____ Address _____ City _____ Zip _____ Township

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

PROPERTY OWNER: _____

PHONE NUMBER: _____ **EMAIL:** _____

MAILING ADDRESS: _____ Address _____ City _____ State _____ Zip

TOTAL PROJECT COST FOR RENOVATIONS DUE TO FIRE/STORM DAMAGE: _____

*PERMIT FEE WILL BE CALCULATED BY TOTAL COST FOR RENOVATION

***IF RENOVATION IS NOT BECAUSE OF FIRE/STORM DAMAGE, TYPES OF WORK MUST BE SEPARATED.**

PERMIT FEES WILL BE CALCULATED SEPARATELY FOR EACH OF THE THREE CATEGORIES BELOW:

ROOFING COST TEAR-OFF/RE-ROOF: \$ _____ **OR** OVERLAY: \$ _____
INCLUDES SOFFIT/FASCIA: YES NO

SIDING COST: \$ _____
INCLUDES SOFFIT/FASCIA: YES NO
INCLUDES MASONRY: YES NO
INCLUDES CHIMNEY WORK: YES NO

TOTAL COST OF ALL OTHER RENOVATIONS: \$ _____

INCLUDES: WINDOWS DOORS OTHER INTERIOR (DRYWALL, ETC.)

DOES THIS PROJECT INCLUDE ANY WORK IN THE BASEMENT? YES NO

***IF YES, WILL AN EGRESS WINDOW BE INSTALLED AS A PART OF THIS RENOVATION?** YES NO

*IF NOT, PLEASE INITIAL THAT AN APPROPRIATE MEANS OF EGRESS ALREADY EXISTS WHERE APPLICABLE

*PLEASE NOTE THAT THE HEALTH DEPARTMENT MAY NEED TO BE NOTIFIED OF ADDITIONAL BEDROOMS OR PLUMBING IN THE BASEMENT @ (574)235-9750.

OWNER **CONTRACTOR**

INITIALS



HOME RENOVATION PERMIT APPLICATION

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

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