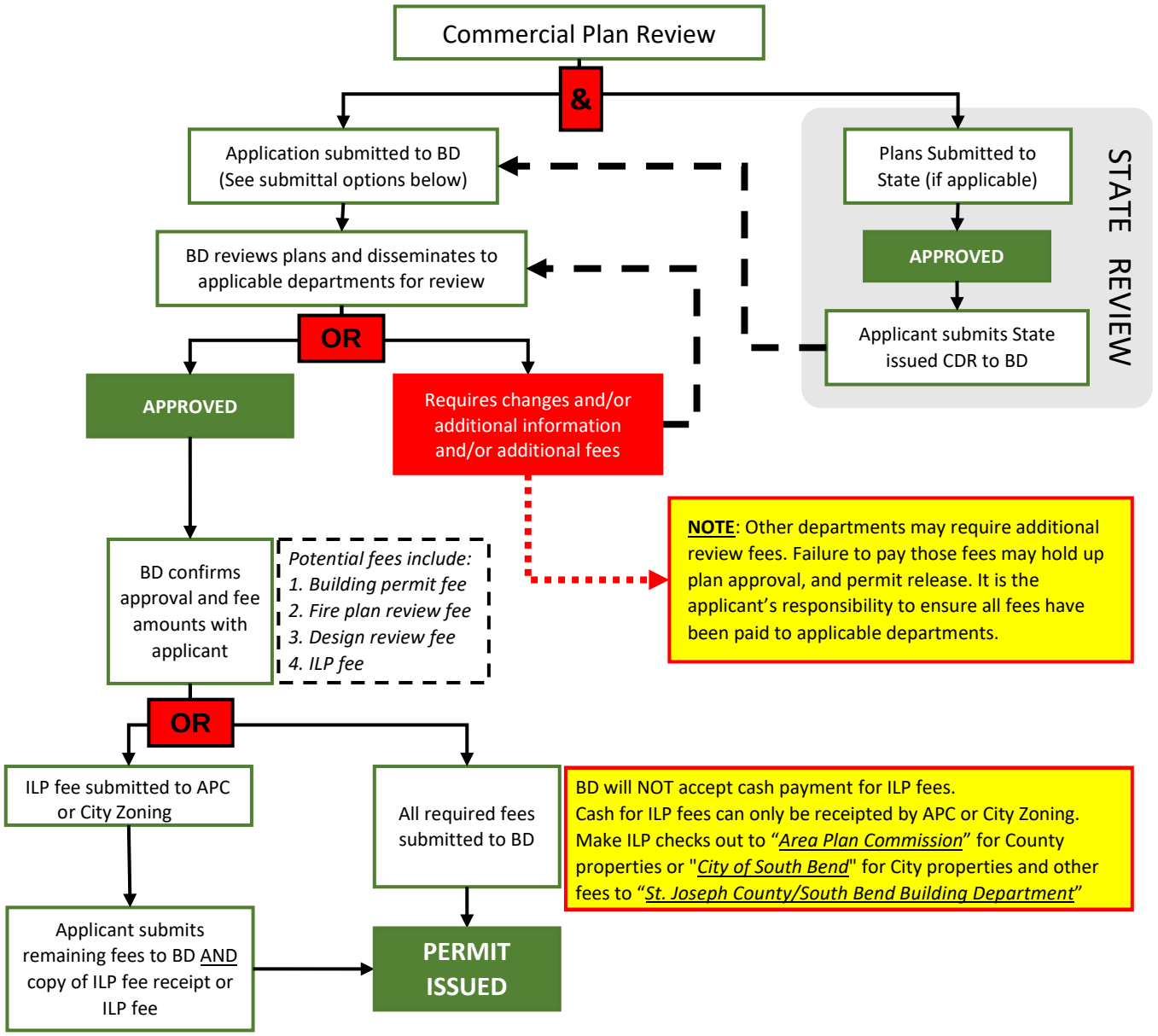
ST. JOSEPH COUNTY CITY OF SOUTH BEND

BUILDING DEPARTMENT

COMMERCIAL BUILDING PERMIT APPLICATION PACKAGE



Review Cycle

Submittals are due Monday for response on Friday.

Submittals after Monday will be in the following week's review cycle.

Applications can be submitted in one of the following ways:

1. In person
2. By regular mail
3. PDFs through DropBox: https://www.dropbox.com/request/c3uZglvS8CO98b8xOmAw

BD – Building Department
APC - Area Plan Commission
ILP - Improvement Location Permit
CDR – Construction Design Release

COMMERCIAL BUILDING PERMIT APPLICATION CHECKLIST

ALL DIGITAL SUBMISSIONS MUST BE IN PDF FORMAT

- ☐ 1. Application
- ☐ 2. Site Plan showing location of all buildings, setbacks, landscaping, parking, etc.
- ☐ 3. Contractor Registration Acknowledgement
- ☐ 4. Special use/exception and/or variance approvals if applicable
  City Properties: https://www.southbendin.gov/department/zoning
  County Properties: http://www.stjosephcountyindiana.com/306/Area-Plan-Commission
- ☐ 5. Construction plans as required by the list on the following page
- ☐ 6. If your project will include 100 lineal feet (or more) of demolition
  OR
  If there is any evidence of asbestos containing material that will be demolished, the attached Notification of Demolition and Renovation Operations **must be completed and provided** to the Building Department AND the Indiana Departmentof Environmental Management
  (see page 3 for more information)

SUPPORTINGLINKS

Building Department
https://www.southbendin.gov/government/department/building-department
City Zoning
https://southbendin.gov/zoning/
County Zoning
http://www.stjosephcountyindiana.com/306/Area-Plan-Commission
Historic Preservation Map
https://stjocogis.maps.arcgis.com/apps/PublicInformation/index.html?appid=fe6f472405f14b468e2f983c83ecbba1
Floodplain Map
https://dnrmaps.dnr.in.gov/appsphp/fdms/
Wetland Map
https://stjocogis.maps.arcgis.com/apps/PublicInformation/index.html?appid=fdd445df825c47739d3cdc2a5379094f
Contractor Registration
https://www.southbendin.gov/government/content/contractor-licenses-0

Indiana Demolition and Renovation Requirements

Pursuant to 326 IAC 14-10-1,prior to the commencement of a demolition or renovation activity, the owner or operator of a facility shall use an Indiana licensed asbestos building inspector to thoroughly inspect the affected facility, or any part of the facility where the demolition or renovation operation will occur, for the presence of asbestos, including Category I and Category II non-friable asbestos-containing material.

Prior to performing any renovation or demolition, the owner or operator is required to submit a notification of demolition or renovation to IDEM-OAQ. Pursuant to 326 IAC 14-10-3, the owner or operator of a facility where demolition or renovation activity will take place shall provide the Indiana Department of Environmental Management Office of Air Quality with written notice of the intention to demolish or renovate on a form provided by the department and update such notice as necessary. A notification is required even if no asbestos is present.

- Information regarding asbestos inspections can be found at: https://www.in.gov/idem/asbestos/2334.htm
- Information regarding notifications can be found at: https://www.in.gov/idem/asbestos/2333.htm
- The notification with instructions as well are located under "Asbestos" at the following address: https://www.in.gov/idem/5157.htm#oaq_compliance_asbestos
- The completed notification should be emailed to: AsbestosDemoReno@idem.In.gov

Please direct any questions to:

Adrianne Lenyo,
Office of Air Quality
Compliance Inspector
Northern Regional Office
574-245-4882 or by email at a lenyo@idem.IN.gov

Thank you for your attention to this matter.

NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R3 / 9-18)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

I. TYPE OF NOTIFICATION *(check one)*:	☐ Original	☐ Revised	☐ Canceled	☐ Courtesy

II. FACILITY INFORMATION

Owner / Operator:					
Address:			City:	State:	ZIP:
Contact:			Telephone:	E-mail:	
Asbestos Removal Contractor:			Demolition Contractor:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:	Telephone:		Contact:	Telephone:	
E-mail:			E-mail:		
IN License Number:	Expiration:				
Licensed Asbestos Inspector:			Project Designer:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:	Telephone:		Contact:	Telephone:	
E-mail:			E-mail:		
IN License Number:	Expiration:		IN License Number:	Expiration:	

III. TYPE OF OPERATION

☐ Demolition ☐ Renovation ☐ Ordered Demolition ☐ Emergency Renovation ☐ Intentional Burning

IV. IS ASBESTOS PRESENT? ☐ Yes ☐ No

V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS

VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED AND/OR NOT TO BE REMOVED

	Regulated ACM to be removed	Nonfriable Asbestos Material to be removed		Nonfriable Asbestos Material **NOT** to be removed	
		Category I	Category II	Category I	Category II
Pipes *(Ln. Ft.)*					
Surface Area *(Sq. Ft.)*					
Total Volume *(Cu. Ft.)*					
Total amount on or off all facility components where length or area could not be measured previously					

VII. SCHEDULED DATE OF STRIPPING / REMOVAL Start *(mm/dd/yy)*: End *(mm/dd/yy)*:

VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION

Renovation	Start *(mm/dd/yy)*:	End *(mm/dd/yy)*:
Demolition	Start *(mm/dd/yy)*:	End *(mm/dd/yy)*:

IX. FACILITY DESCRIPTION

Building Name:		
Street Address:		
City:	State:	County:
Location of removal within building *(including floor and room numbers)*:		
Building Size *(Sq. Ft.)*:	Number of Floors:	Age / Year Built:
Present Use:	Prior Use:	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NONFRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT

XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

XIII. ASBESTOS WASTE TRANSPORTER			**XIV. ASBESTOS WASTE DISPOSAL SITE**		
Name:			Name:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:	Telephone:		Contact:		
E-mail:			E-mail:		

XV. ORDERD DEMOLITIONS			
Agency Name:		Date Ordered Demolition to Begin *(mm/dd/yy)*:	
Contact:	Title:	Telephone:	E-mail:
Regulatory Authority:		Date of Order *(mm/dd/yy)*:	

XVI. EMERGENCY RENOVATIONS

Date *(mm/dd/yy)* and Time of Emergency:

Description of sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage:

XVII. CERTIFICATION STATEMENT AND SIGNATURE BY OWNER/OPERATOR

I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.

	Date *(mm/dd/yy)*:	E-mail:
Owner / operator *(Signature)*		
	Title:	
Owner / operator *(Printed)*		

COMMERCIAL BUILDING PERMIT
PLAN SUBMISSION REQUIREMENTS

The State of Indiana requires a State Plan Review based on qualifying parameters. Generally, certain types of structures, detached structures 500 square feet or less, attached structures 300 square feet or less, plumbing work that does not exceed 5 fixture units, and projects with less than 100 linear feet of non load-bearing partitions, can usually be handled with just a local Plan Review.

We have County & City Fire Reviews on Wednesday mornings and County & City Plan Reviews on Thursday mornings. We prefer that digital (PDF) copies of plans be submitted. If you are required to submit to the State, please supply us with a complete set of prints "as submitted" to the State. The State requirements are as follows:

1. **Site Plan** – showing all setbacks, existing buildings, street widths and easements, septic and well or sewer and water lines location, landscaping, parking spaces with calculations, drainage plan with calculations.
2. **Foundation and Basement Plans** and details.
3. **Floor Plans** – dimensioned for each floor
4. **Fire and Safety Plan** – showing graphically or by legend the location and rating of building elements such as area separation walls, smoke barriers, fire-resistive corridor walls, stair enclosures, shaft enclosures and horizontal exits.
5. **Exterior Walls** – elevations and adjacent ground elevations
6. **Sections and Detail**s – walls, floors and roof, showing dimensions and materials.
7. **Structural Plans** – and elevations showing size and location of all members, truss designs showing all connection details, stress calculations and loading.
8. **Room Finish Schedule** – for walls, ceilings and floors
9. **Door Schedule** – showing material, size, thickness and fire rating.
10. **Electrical Plans** – diagrams, details and grounding of service entrance and power or lighting information required for energy conservation.
11. **Plumbing Plans** – showing location of fixtures, risers, drains and isometrics.
12. **Mechanical Plans** – showing location and size of ductwork, equipment, fire dampers, smoke dampers and equipment schedules showing capacity.
13. **Fire Protection Plan** – (if required) showing type of system, location of sprinkler heads, standpipes, hose connections, fire pumps, riser and hanger details.
14. **Site lighting plan** – photometric plan.

Local Plan Review will include submission to other departments as necessary. Reviews by other departments such as Area Plan Commission, Engineering, and Health may require additional details and fees. It is the applicant's responsibility to ensure these requirements.

After our Local Plan Review, you will be contacted regarding the status of the review and any further requirements. Please provide an email address in addition to phone number. Once all the information and approvals described in this document are completed and we receive approval from the Area Plan Commission, we will issue a permit.

Local Plan Review submissions received Monday will be processed Tuesday, reviewed Wednesday and Thursday, and notes will be emailed to the applicant on Friday. Projects with all qualifying requirements satisfied may be issued a permit. Any submittals after Monday will be processed in the following week's review cycle.

Applications and supporting documents can be submitted in one of the following ways:

1. Uploaded to Dropbox (see link on page 1); *or*
2. In person; *or*
3. By mail.

Contractor Registration

One of the duties of the Building Department is to verify compliance with Article 11 of the City of South Bend Municipal Code regarding Contractor registration. Registration allows the Building Department the ability to better enforce any claims made against inferior or incomplete work through a bonding system.

Who it covers:

"Anyone engaging for remuneration in the building construction business of new construction, repair, alteration, or remodeling, for which a building permit is required." - *Municipal Code 6-47(a)*

There are only three conditions under which you are allowed to work in construction in St. Joseph County: 1) You are a **Registered Contractor**, 2) You are an **employee of a Registered Contractor**, or 3) You are doing **exempt** work as outlined below.

Who is exempt:

Individuals and companies who furnish any painting, papering, replacement of coverings on walls, ceilings, floors or similar finish work including replacement or reglazing of glass, or who installs countertops, cases, cabinets or other interior finish woodwork not part of the structural floors, ceilings or walls.

Commercial Building owners doing work such as walls, ceilings/ roofs, doors and windows; or Construction/Project Management Companies doing the paperwork only portion of General Contracting and no layout work.

*Homeowners are also exempt when doing work on their own home, but must sign an affidavit indicating that they, and they alone, are doing the work and that they will live in the house for at least one year from the date of the affidavit. However, they are not exempt from obtaining proper permits.

Request:

A list of **Contractors and Sub-Contractors** who will be working on the project doing <u>code related work</u> and who are currently registered with this department is required before a Building Permit is issued.

If anyone working on the project is required to be and is not registered:

They must stop work immediately on the project until such time that they either 1) become a Registered Contractor in St. Joseph County or 2) become an employee of a Registered Contractor in St. Joseph County.

Penalties:
"the Building Commissioner, or his designee, may order the affected work stopped by notice in writing served on any persons engaged in the doing or causing such work to be done, and any such persons shall forthwith stop such work until authorized by the Building Commissioner, or his designee to proceed with the work." - *Municipal Code 6-54(e)*

I have read the above information:

_____ _____

APPLICANT SIGNATURE **DATE**

_____

PRINT NAME

ST. JOSEPH COUNTY CITY OF SOUTH BEND

BUILDING DEPARTMENT

COMMERCIAL BUILDING PERMIT APPLICATION FORM

STATE PROJECT NO. _____ **DATE:**_____

APPLICANT INFORMATION

PROPERTY OWNER: _____

PHONE: _____ **EMAIL:** _____

ADDRESS: _____ _____ _____ _____
Address City State Zip

APPLICANT: _____ **ORG/BUSINESS:** _____

PHONE: _____ **EMAIL:** _____

ADDRESS: _____ _____ _____ _____
Address City State Zip

PROJECT CONTACT (IF DIFFERENT THAN APPLICANT) _____ **EMAIL:** _____

PROPERTY INFORMATION

ADDRESS: _____ _____ _____ _____
Address City Zip Township

ZONING: _____
Zoning

SPECIAL USE/EXCEPTION APPROVAL (IF APPLICABLE) _____
Approval Date

OVERLAY: ☐ YES ☐ NO

DESIGN APPROVAL (IF APPLICABLE) _____
Approval Date

FLOODPLAIN: ☐ Yes ☐ No **WETLANDS:** ☐ Yes ☐ No **WELLHEADS:** ☐ Yes ☐ No

DESIGN/NNZO: ☐ Yes ☐ No **HISTORIC DISTRICT:** ☐ Yes ☐ No **SEWAGE/WATER** ☐ Yes ☐ No

FOR OFFICE USE ONLY _____ CONST CODE _____ OCCUPANCY CODE _____ CONST TYPE

PROJECT INFORMATION

$ _____ **Total Valuation**

$ _____ **Interior Remodel Valuation (If applicable)**

PROJECT TYPE: ☐ **NEW** ☐ **ADDITION** ☐ **INTERIOR REMODEL** ☐ **OTHER**

USE: _____ _____
Current Use **Proposed Use**

BUILDING SIZE: _____ _____ _____ _____ _____
1st Floor (sq/ft) 2nd Floor (sq/ft) 3rd Floor (sq/ft) Basement (sq/ft) Other Floor (sq/ft)

PARCEL SIZE:

Area (sq/ft)	Length (ft)	Width (ft)	Other (ft)

SET BACKS:

Front Lot Line (ft)	Side Lot line (ft)	Side Lot line (ft)	Rear lot line (ft)	Other (ft)

FENCING:

FENCING AS REGULATED BY ORDINANCE ☐ Yes ☐ No ☐ N/A VARIANCE APPROVAL _____ Approval Date

DESCRIBE VARIANCE (IF APPLICABLE)

LANDSCAPING:

LANDSCAPING AS REQUIRED BY ORDINANCE ☐ Yes ☐ No ☐ N/A VARIANCE APPROVAL _____ Approval Date

DESCRIBE VARIANCE (IF APPLICABLE)

PARKING:

PARKING AS REQUIRED BY ORDINANCE ☐ Yes ☐ No ☐ N/A VARIANCE APPROVAL _____ Approval Date

DESCRIBE VARIANCE (IF APPLICABLE)

LOADING:

LOADING AS REQUIRED BY ORDINANCE ☐ Yes ☐ No ☐ N/A VARIANCE APPROVAL _____ Approval Date

DESCRIBE VARIANCE (IF APPLICABLE)

OUTDOOR PATIO:

AS REGULATED BY ORDINANCE ☐ Yes ☐ No ☐ N/A VARIANCE APPROVAL _____ Approval Date

DESCRIBE VARIANCE (IF APPLICABLE)

OUTDOOR STORAGE:

AS REGULATED BY ORDINANCE ☐ Yes ☐ No ☐ N/A VARIANCE APPROVAL _____ Approval Date

DESCRIBE VARIANCE (IF APPLICABLE)

CONTRACTORS

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

BUILDING: _____

ELECTRICAL: _____

PLUMBING: _____

HEATING: _____

FIRE PROTECTION: _____

OTHER: _____

OTHER: _____

OTHER: _____

I certify the above to be true and accurate to the best of my knowledge.
The Owner or Assignee obtaining this permit is responsible for determining the location of the property lines and conforming with the setback, height, and all other requirements of the Zoning Ordinance. Also, the restrictive covenant relating to the property may be more restrictive and should be checked.
I hereby understand and agree that this structure will not be occupied until a final inspection has been carried out any approval given by the Building Commissioner (if applicable).

The undersigned Owner or Assignee does hereby accept the above responsibility.

_____ _____
APPLICANT SIGNATURE **DATE**

_____
PRINT NAME

_____ _____
VERIFY PLAN REVIEW CONTACT IF DIFFERENT THAN APPLICANT **EMAIL**

_____
PHONE