

PAYMENT: _____
 CHECK # _____
 CARD _____
 CASH _____

ST. JOSEPH COUNTY/SOUTH BEND BUILDING DEPARTMENT
 125 S. LAFAYETTE BLVD. SUITE 100
 SOUTH BEND, INDIANA 46601
 Phone: 574-235-9554/Fax: 574-235-5541

APPLICATION FOR PLUMBING PERMIT

PERMIT#:BD _____	DATE: _____
PROPERTY ADDRESS: _____	
OWNER'S NAME: _____	PHONE: _____
MAILING ADDRESS: _____	

PLEASE COMPLETE THE CHART BELOW, NOTING THE QUANTITY OF EACH ITEM ON THE LEFT, AND CALCULATING THE FEES ON THE RIGHT. FIND OUR FEE SCHEDULE AT THE LINK BELOW:
<https://southbendin.gov/wp-content/uploads/2018/07/Fee-Schedule-2020.pdf>

Qty.	Description	Amount	Fees Owed
	Plumbing fixtures/drains/traps: _____		
	Backflow Protection		
	Building Sewer: Under 100' _____ Over 100' _____		
	Building Water: Under 100' _____ Over 100' _____		
	Water Softener(s)		
	Drain within building for rainwater system		
	Water Heater(s)		
	Gas Reconnection _____ Gas outlet(s) _____		
	Repair/alteration of drainage/vent piping _____ or water piping _____		
	Drywells		
	Lawn Sprinkler Systems		
	Fire Protection Sprinkler system/Number of Heads: _____		
	Gas Tank(s) and Pump(s)		
	Back-up generator-gas line: 10 Kv or less _____ Over 10 Kv _____		
	Other: _____		
	MINIMUM PERMIT FEE: \$40.00	Total:	

It is hereby certified that the work herein called for is in accordance with the provisions of the Plumbing Codes of St. Joseph County and the City of South Bend, Indiana.

Plumbing Contractor: _____

(Please list Company Name, how licensed within our jurisdiction)

Phone Number: _____

Email Address: _____

**See Fee Schedule for permit fees