

St. Joseph County | City of South Bend

BUILDING DEPARTMENT

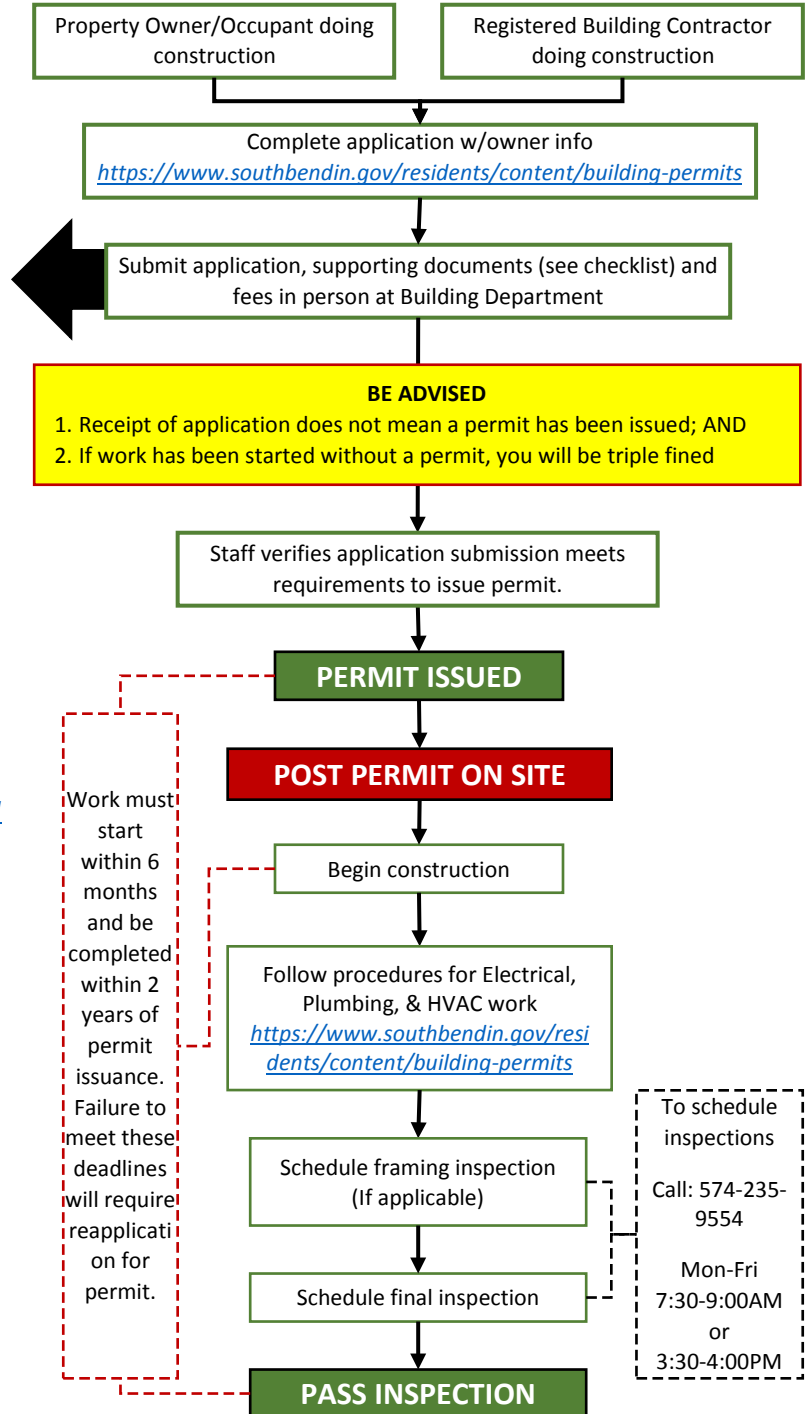
HOME RENOVATION PERMIT APPLICATION

HOME RENOVATION PERMIT CHECKLIST

- 1. Completed Application
- 2. Special use/exception and/or variance approvals if applicable
- 3. Signed contract showing estimated cost of construction
- 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://stjocogis.maps.arcgis.com/apps/PublicInformation/index.html?appid=fe6f472405f14b468e2f983c83ecbba1>





HOME RENOVATION 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

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

TOTAL COSTRUCTION COST: \$

If adding square footage, please also complete Addition or Accessory Application listing Construction Cost

DUE TO FIRE DAMAGE: YES

NO

DUE TO STORM DAMAGE: YES

NO

SCOPE OF PROJECT:

INCLUDING:

KITCHEN REMODEL

WINDOWS

BATHROOM REMODEL

DOORS

WHOLE HOUSE REMODEL

DRYWALL

OTHER DESCRIPTION NOT LISTED:

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**

OWNER **CONTRACTOR**

INITIALS

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

IF THIS PROJECT INCLUDES ANY ROOFING OR SIDING, LIST SEPARATE CONSTRUCTION COSTS BELOW. SEPARATE FEES WILL BE DETERMINED BY THESE CONSTRUCTION COSTS, SEPARATE FROM RENOVATION FEE.

TEAR-OFF/RE-ROOF \$ _____ **ROOF OVERLAY \$** _____ **SIDING \$** _____



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**

SUB-CONTRACTORS:

Electrical Contractor: _____ **N/A**
Plumbing Contractor: _____ **N/A**
HVAC Contractor: _____ **N/A**

Other: _____ **Scope of Work:** _____
Other: _____ **Scope of Work:** _____
Other: _____ **Scope of Work:** _____
Other: _____ **Scope of Work:** _____
Other: _____ **Scope of Work:** _____

***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