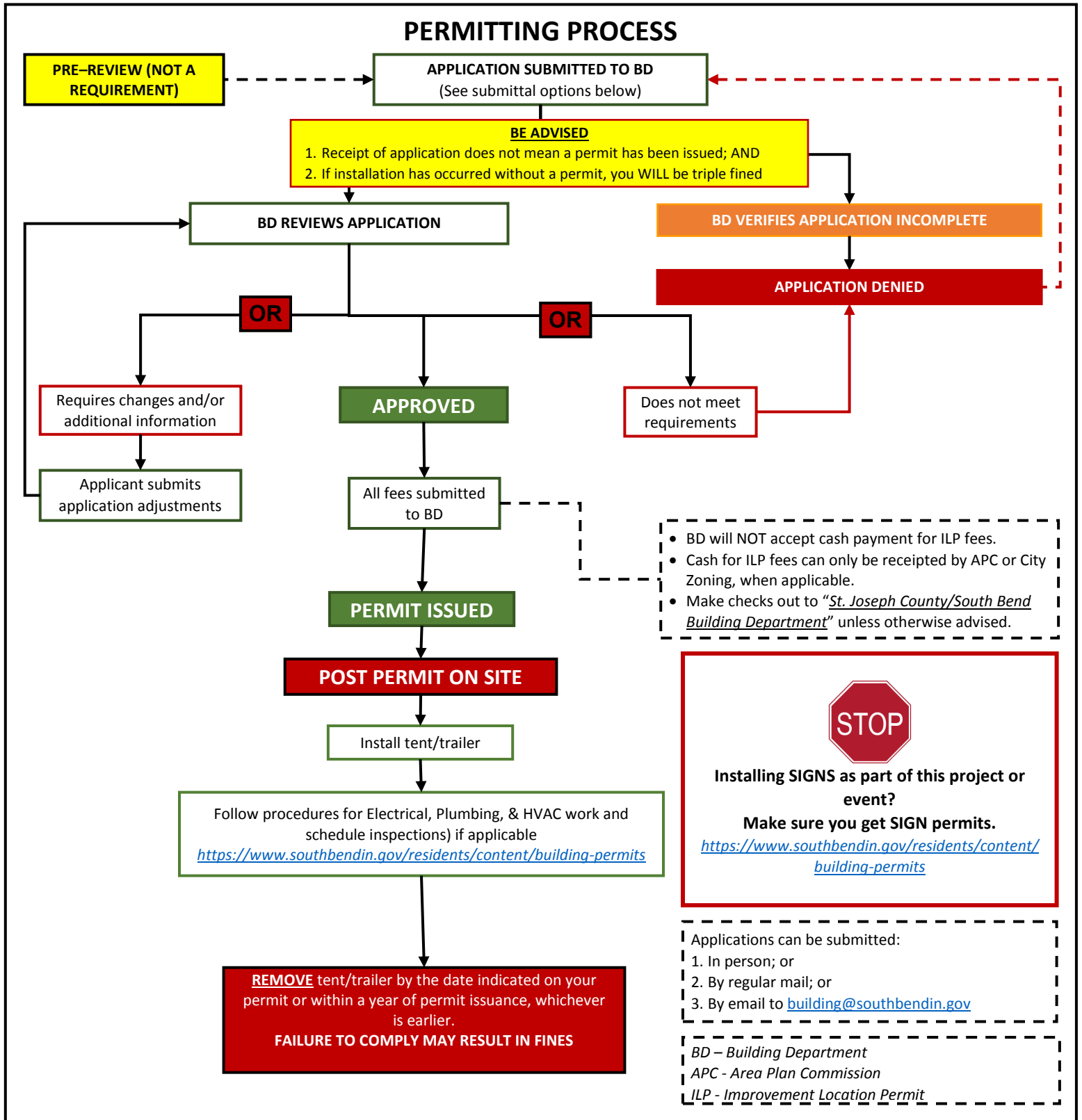


St. Joseph County | City of South Bend
BUILDING DEPARTMENT
RESIDENTIAL TEMPORARY TENT/TRAILER/ACCESSORY APPLICATION





RESIDENTIAL TEMPORARY TENT/TRAILER/ACCESSORY APPLICATION
 ST. JOSEPH COUNTY | CITY OF SOUTH BEND | BUILDING DEPARTMENT

PAYMENT:
 CHECK # _____
 CARD
 CASH

TEMPORARY TENT/TRAILER/ACCESSORY PERMIT CHECKLIST

- 1. Completed Application
 (IF APPLYING FOR MULTIPLE TENTS/TRAILERS SUBMIT A SEPARATE APPLICATION FOR EACH STRUCTURE)
- 2. Site plan showing:
 - a. ALL property dimensions
 - b. size and location of ALL existing structures
 - c. parking spaces AND their dimensions after installation of proposed tent/trailers;
 - d. parking calculation
 - e. location of septic system(s) and well(s) (if applicable)
 - f. size and location of ALL proposed tents/trailers
 - g. setbacks of all proposed tents/trailers from property lines, existing buildings, well and septic systems;
 - h. if parcel is under 3 acres, it must be drawn to scale
 - i. An example of a site plan can be found here: <https://southbendin.gov/wp-content/uploads/2018/08/Example-of-Site-Plan.pdf>
- 3. Special use/exception and/or variance approvals if applicable
- 4. All applicable contractors involved in the project-building, electrical, plumbing, and HVAC. (on application form)
- 5. Application fee **SEE FEE SCHEDULE FOR APPLICABLE PERMIT FEES

USEFUL LINKS

- ✓ 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>

PROPOSED PROJECT ADDRESS:

Address	City	Zip	Township
Subdivision	Section of Subdivision	Lot Number	

PROPERTY OWNER: _____

PHONE NUMBER: _____ **EMAIL:** _____

MAILING ADDRESS:

Address	City	State	Zip
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RESIDENTIAL TEMPORARY TENT/TRAILER/ACCESSORY APPLICATION
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PERMIT TYPE: NEW RENEWAL

START DATE

END DATE

TOTAL DAYS IN USE

“Seasonal retail sales uses shall not exceed forty-five (45) consecutive days per occurrence nor a total of one-hundred and twenty (120) days during any calendar year” § 21-03.11(b)(6)(E), and § 154.071(F)(5). In this case each 45 day or part thereof will be charged a separate permit fee.

STRUCTURE TYPE & PURPOSE: TENT TRAILER OTHER

PURPOSE/USE

PARKING

Parking spaces taken by temporary structure

Additional parking spaces provided for temporary use

Parking calculation required on site plan if additional parking is NOT being provided OR spaces for existing uses are being used by temporary structure(s). Minimum of 3 parking spaces must be dedicated to each temporary structure.

EXISTING

STRUCTURES:

Primary Structure (sq/ft)

Accessory Buildings (sq/ft)

Other (sq/ft)

PROPOSED SETBACKS OF TEMPORARY STRUCTURE:

Front Lot Line (ft)

Side Lot line (ft)

Side Lot line (ft)

Rear lot line (ft)

Other (ft)

BUILDING

CONTRACTOR:

OR

OWNER AS CONTRACTOR

PHONE:

EMAIL:

ADDRESS:

Address

City

State

Zip

***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