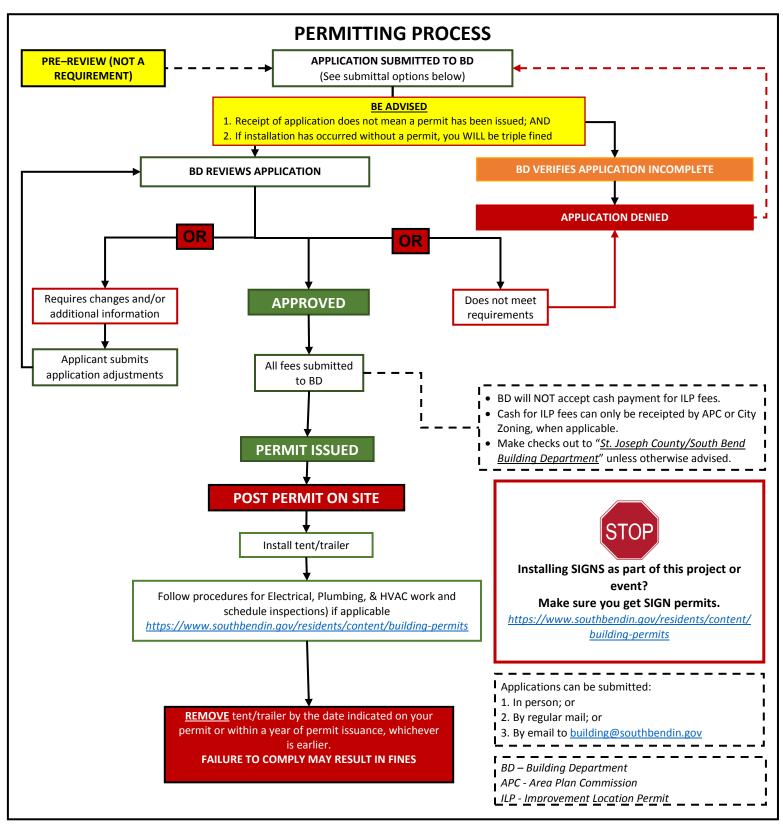


St. Joseph County I City of South Bend

BUILDING DEPARTMENT

RESIDENTIAL TEMPORARY TENT/TRAILER/ACCESSORY APPLICATION





RESIDENTIAL TEMPORARY TENT/TRAILER/ACCESSORY APPLICATION

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

TEMPORARY TENT/TRAILER/ACCESSORY PERMIT CHECKLIST

ZONING: PROPERTY OWNER: PHONE NUMBER:	Subdivision OVERLAY/NNZO:	☐ Yes	□ No	on of Subdivision HISTORIC DISTRICT:	Lot Nu Yes	mber No			
		_							
ZONING:		_							
		_							
	Subdivision		Section	on of Subdivision	Lot Nu	mber			
	Address		City		Zip	Township			
ADDRESS:						-			
PROJECT									
✓ City of South Bend Zoni	ng/Variance Applications <u>http:/</u> g/Variance Applications <u>http://</u>	US I //southben	EFUL LINK	<u>oning</u>	ning				
4. All applicable contr	of-Site-Plan.pdf ion and/or variance approvals i actors involved in the project-l EE FEE SCHEDULE FOR APPLIC	ouilding, ele	ectrical, pl	umbing, and HVAC. (on applica	ation form)				
i. An example of a	site plan can be found here: <u>ht</u>		bendin.go	v/wp-content/uploads/					
_	oposed tents/trailers from pro 3 acres, it must be drawn to so		existing b	uildings, well and septic syster	ns;				
- I I	of ALL proposed tents/trailers	abiej							
d. parking calculation	on system(s) and well(s) (if applic	abla)							
C. parking spaces Ai	ND their dimensions after insta	llation of p	roposed to	ent/trailers;					
a. ALL property dim b. size and location									
2. Site plan showing: a. ALL property dim b. size and location		DIVITI A SEPA	ANATE API	PLICATION FOR EACH STRUCTO	JNE)				

Address

City

State

Zip



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PERMIT TYPE:	\square NEW	☐ RENEWAL							
"Company note: color was	a aballaat ayaa	d fants five (AF) asse	START DATE	END DATE	TOTAL DAYS II				
			ecutive days per occurrence case each 45 day or part the	-		ys during any			
STRUCTURE TYPE		□ TDAH ED							
& PURPOSE:	☐ TENT	☐ TRAILER	☐ OTHER	PLIR	POSE/USE				
					001, 001				
PARKING -	Parking space	es taken hv	Additional parking spa	res					
	temporary structure		provided for temporary use						
Parking calculation requir Minimum of 3 parking spo			s NOT being provided OR spa orary structure.	ices for <u>existing uses</u> are	being used by tempora	ry structure(s).			
EXISTING									
STRUCTURES: -	Primary Str	ucture (sq/ft)	Accessory Buildings	s (sq/ft)	Other (sq/ft)				
TEMPORARY STRUE BUILDING CONTRACTOR:	CTURE: -	Front Lot Line (ft)	Side Lot line (ft) OF	Side Lot line (ft) OWNER AS CO	Rear lot line (ft) ONTRACTOR	Other (ft)			
PHONE:	EMAIL:								
ADDRESS:									
	Ad	dress	City	/	State	Zip			
*Application must b	e signed belo	w							
I certify the above to b	eatrueandad	ccurate to the besi	t of my knowledge.						
APPLICANT SIGNATURE			DATE						
PRINT NAME			ORG/BUSINESS OR OWNER						
	PHONE		 -	EMAIL					