

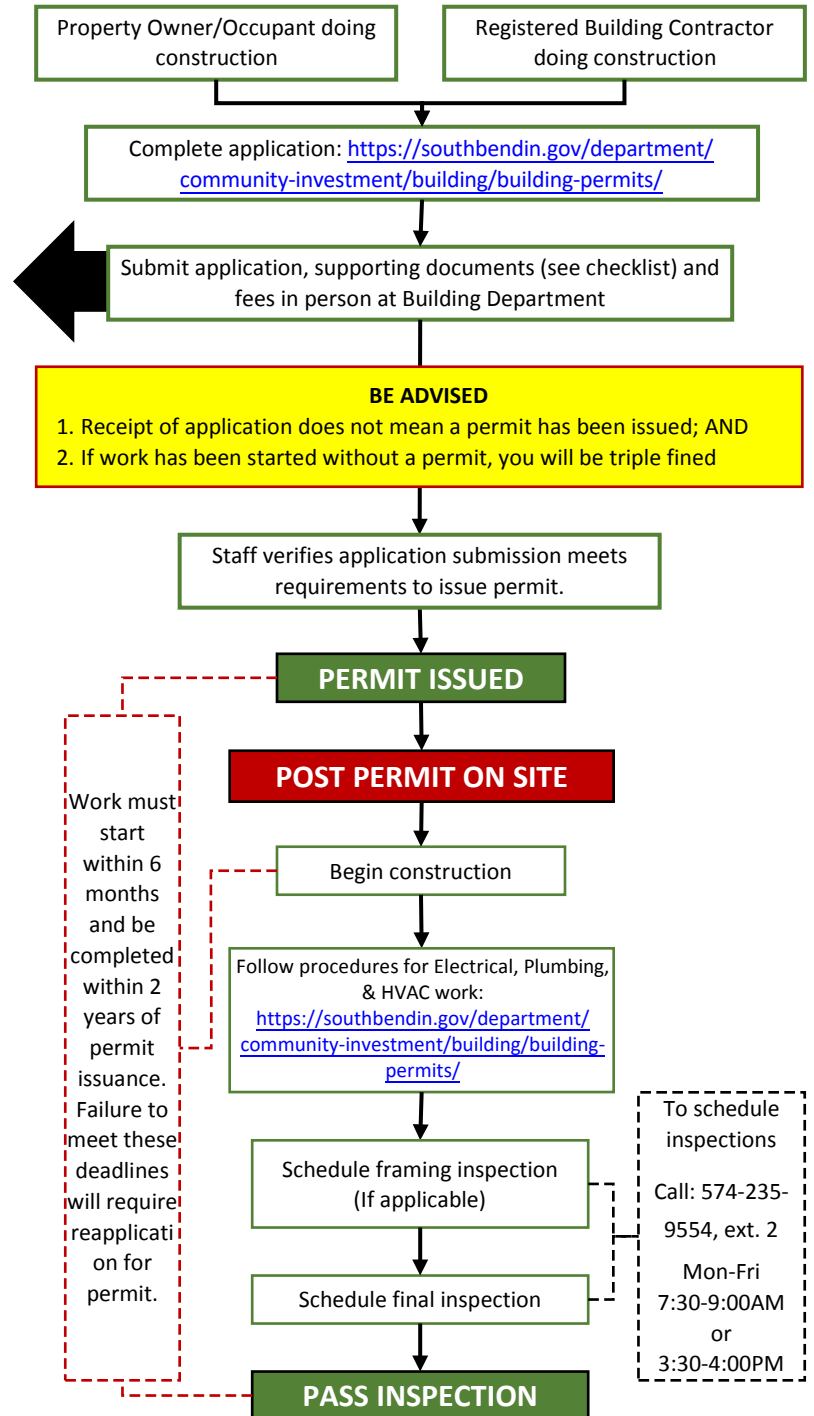
St. Joseph County | City of South Bend  
**BUILDING DEPARTMENT**  
**CITY MASONRY PERMIT APPLICATION**

**CITY MASONRY 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/2018/07/RESIDENTIAL-PERMITTING-PROCESS-1.pdf>
- ✓ City of South Bend Zoning/Variance Applications  
<http://southbendin.gov/zoning>
- ✓ Historic Properties  
<https://stjocogis.maps.arcgis.com/apps/PublicInformation/index.html?appid=fe6f472405f14b468e2f983c83ecbba1>





**CITY MASONRY 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\***

**COST OF CONSTRUCTION: \$** \_\_\_\_\_

**BUILDING CONTRACTOR:**

\_\_\_\_\_

**OR OWNER AS CONTRACTOR**

**PHONE:**

\_\_\_\_\_

**EMAIL:**

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

**\*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 can be emailed to us at [building@southbendin.gov](mailto:building@southbendin.gov) or provided to the address below for review.**

**\*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**