

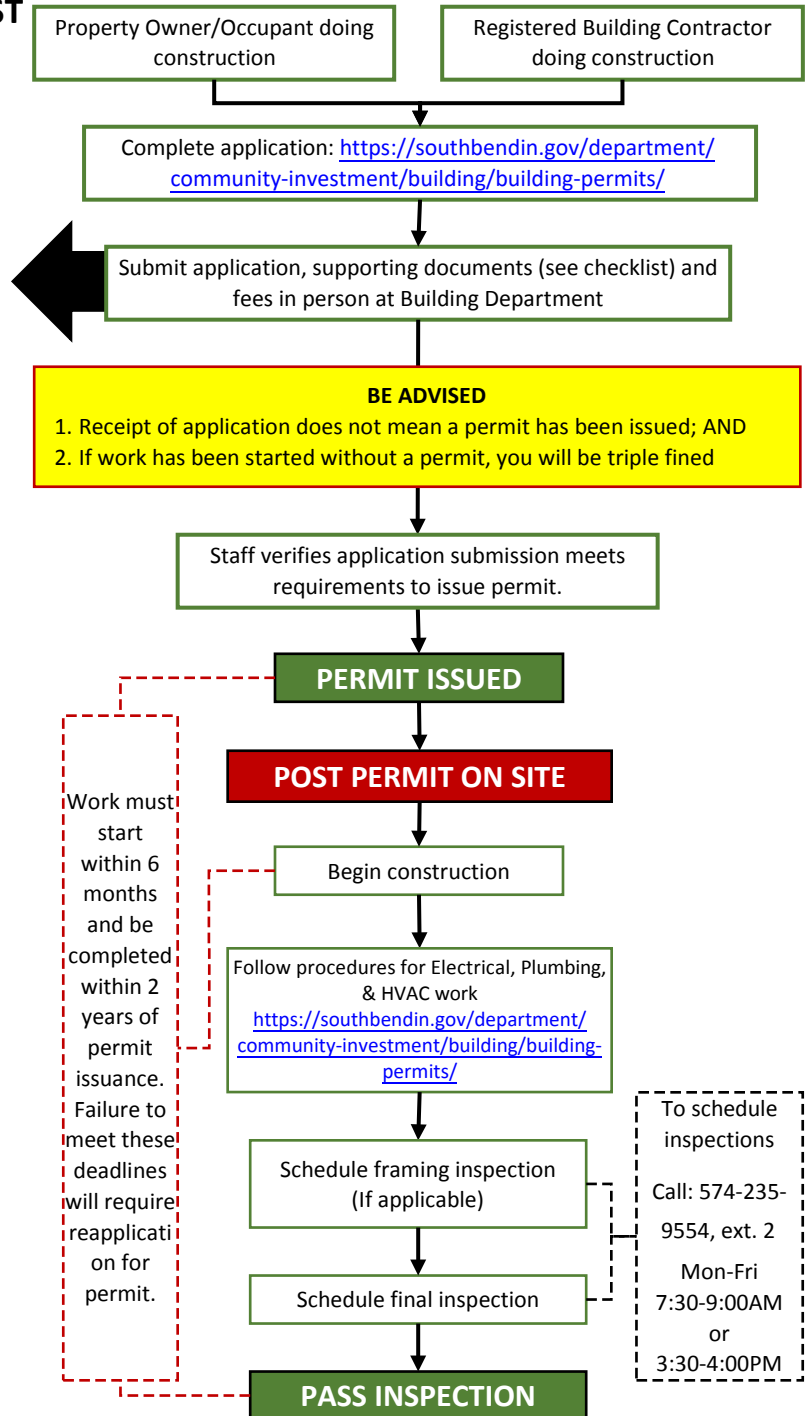
St. Joseph County | City of South Bend BUILDING DEPARTMENT CITY HOME RENOVATION PERMIT APPLICATION

CITY 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. ***Elevation plans showing Transparency, including window dimensions** (2nd story, towards front/corner of lot, closing or altering the size of existing windows)
- 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 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- REPLACEMENT ONLY?	YES	NO
BATHROOM REMODEL	DOORS- REPLACEMENT ONLY?	YES	NO
WHOLE HOUSE REMODEL	DRYWALL		
OTHER DESCRIPTION NOT LISTED: _____			

***BE SURE TO PROVIDE ELEVATION PLANS SHOWING TRANSPARENCY WHEN APPLICABLE (2ND STORY, TOWARDS FRONT/CORNER OF LOT, CLOSING OR ALTERING THE SIZE OF EXISTING WINDOWS)**

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 \$ _____

***Vinyl siding prohibited in NC and DT districts**



CITY 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 <https://southbendin.gov/department/community-investment/building/contractor-licenses/>**

***Application can be emailed to us at 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