

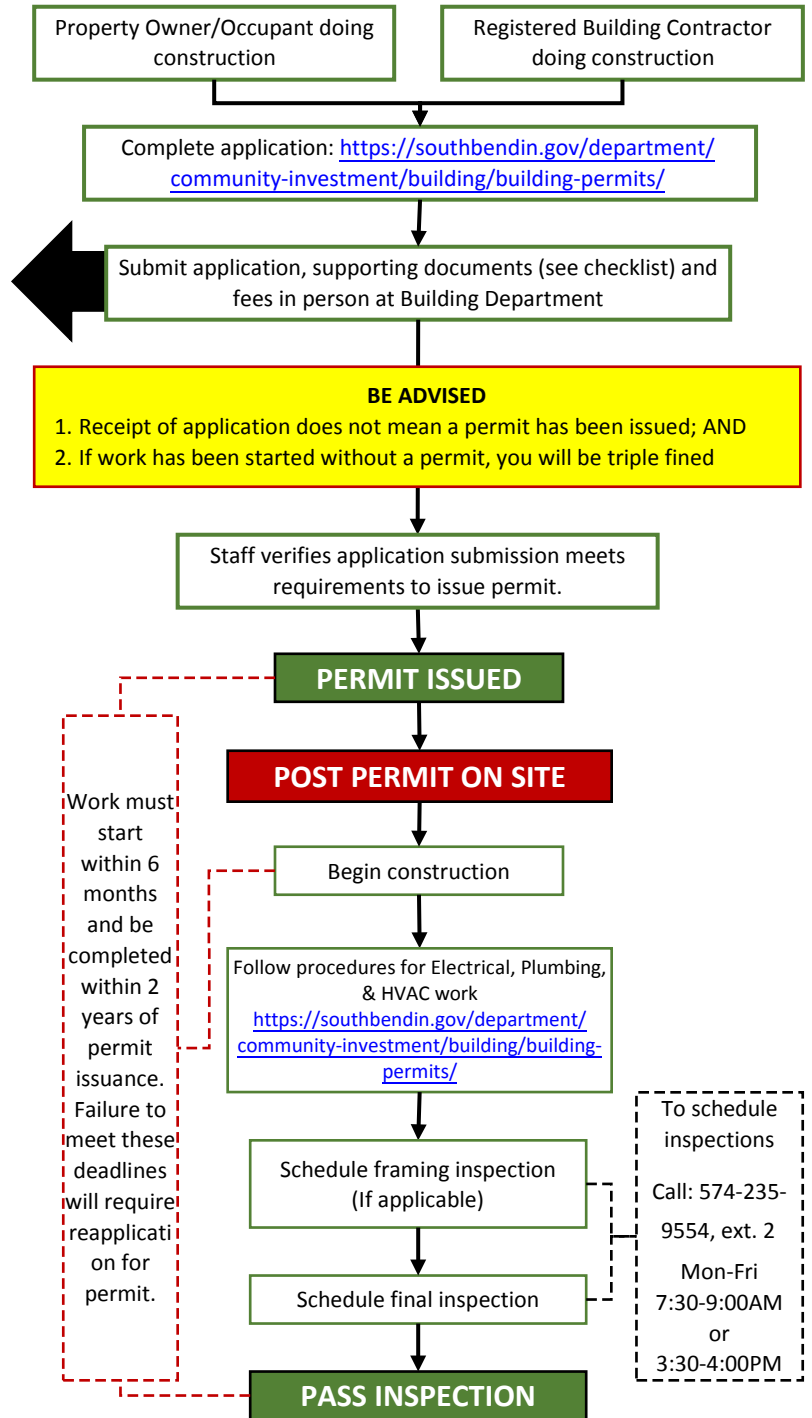
St. Joseph County | City of South Bend  
**BUILDING DEPARTMENT**  
**COUNTY HOME RENOVATION PERMIT APPLICATION**

**COUNTY 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/2018/07/RESIDENTIAL-PERMITTING-PROCESS-1.pdf>
- ✓ St. Joseph County Zoning/Variance Applications  
<http://www.sjcindiana.com/306/Division-of-Planning-Zoning>
- ✓ Historic Properties  
<https://stjocogis.maps.arcgis.com/apps/PublicInformation/index.html?appid=fe6f472405f14b468e2f983c83ecbba1>





**COUNTY 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 \$** \_\_\_\_\_

