

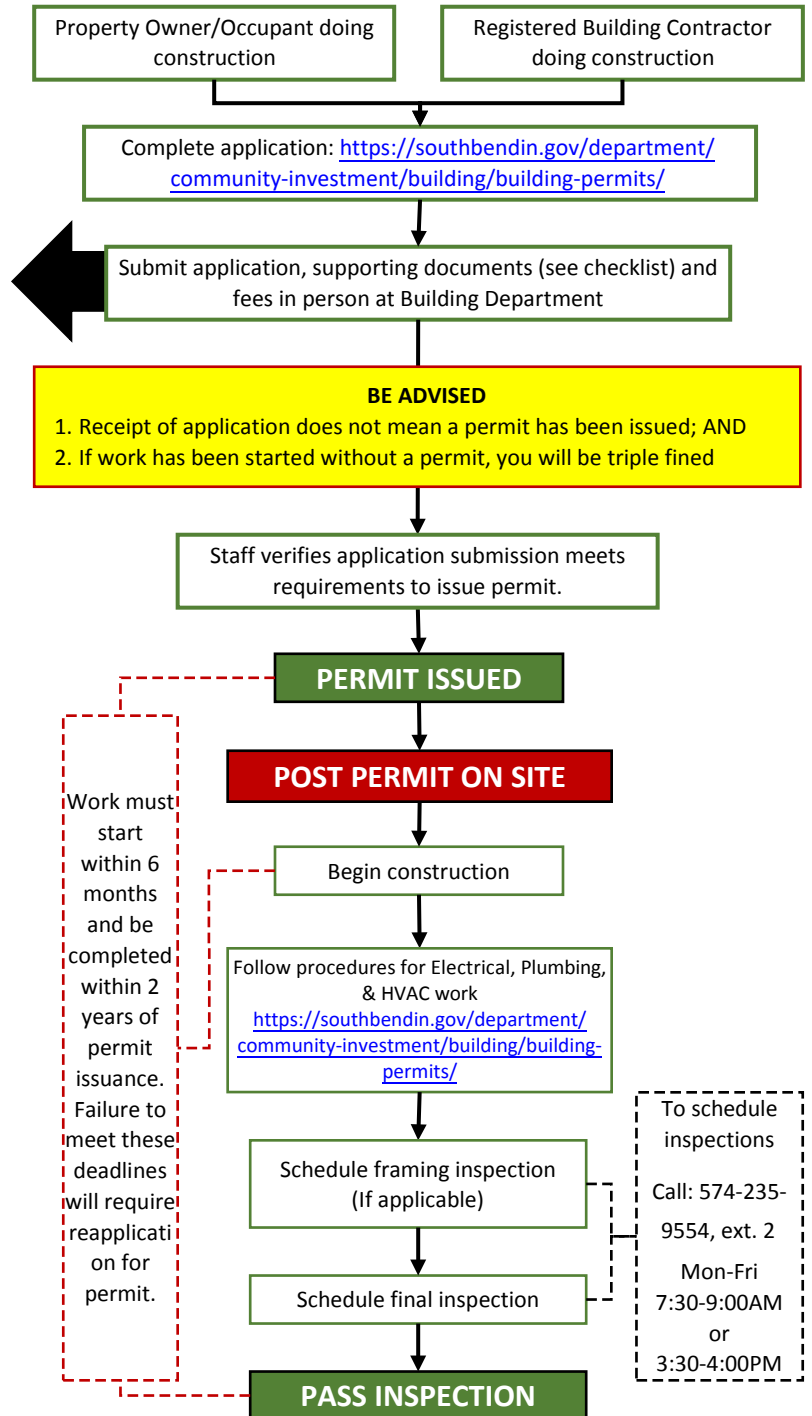
St. Joseph County | City of South Bend
BUILDING DEPARTMENT
COUNTY WINDOWS/DOORS
PERMIT APPLICATION

COUNTY WINDOWS/DOORS
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. 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 WINDOWS/DOORS 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:

WINDOWS

DOORS

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

EXCELLENCE | ACCOUNTABILITY | INNOVATION | INCLUSION | EMPOWERMENT

125 S. Lafayette Blvd. | Suite 100 | South Bend, Indiana 46601 | p 574.235.9554 | f 574.235.5541 | www.southbendin.gov



COUNTY WINDOWS/DOORS 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