

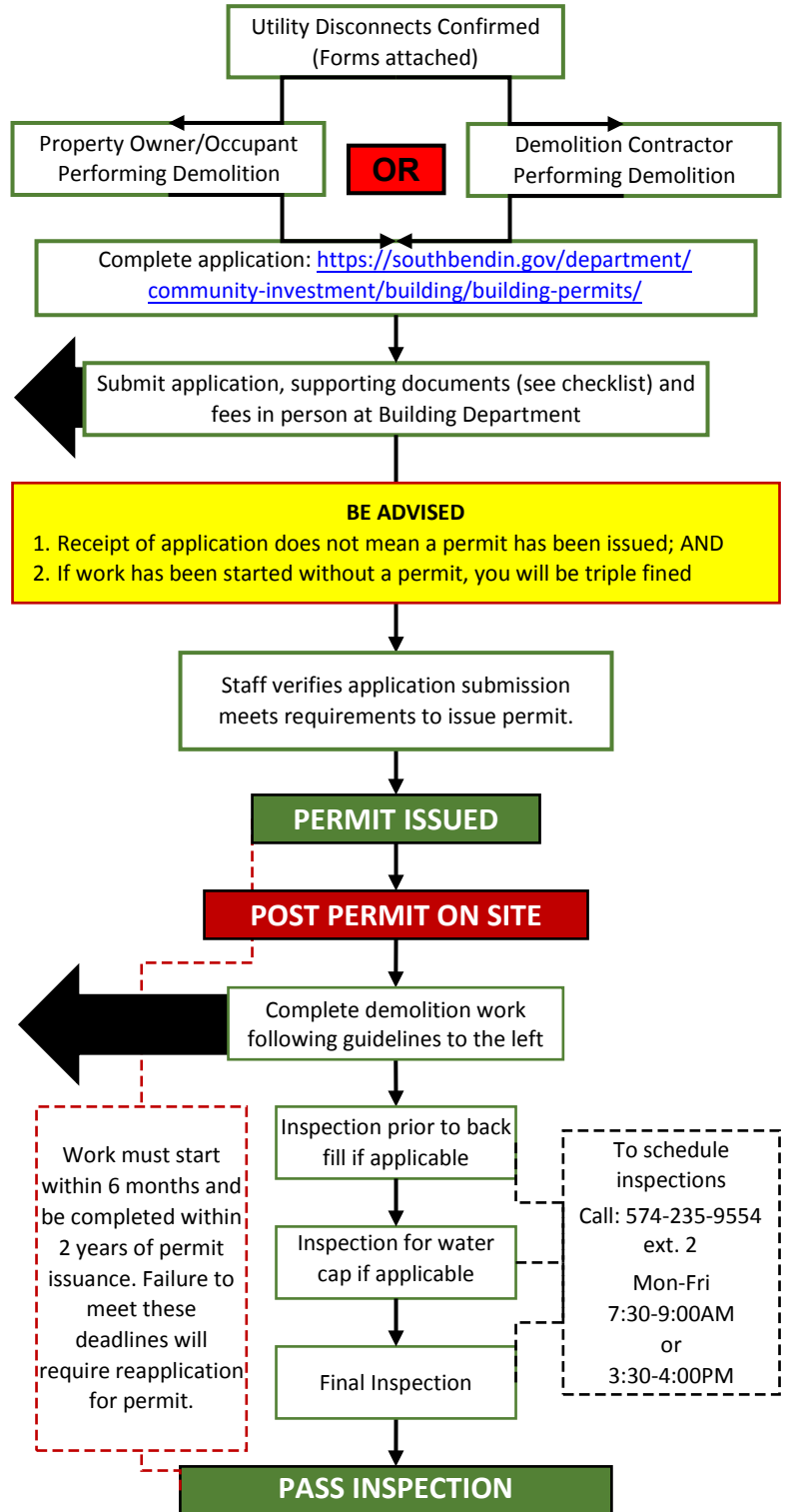
# St. Joseph County | City of South Bend BUILDING DEPARTMENT CITY DEMOLITION PERMIT APPLICATION

## CITY DEMOLITION APPLICATION CHECKLIST

- 1. Completed Application
- 2. All applicable contractors involved in the demolition OR if the property is within CITY limits AND the property owner is doing the work AND the structure(s) is larger than 600 sq/ft a bond must be registered with the building department.
- 3. For County Demolitions, an Abandonment Permit from the Health Department is required for septic AND well.
- 4. Utility Release verifications
- 5. Application fee **\*\*SEE FEE SCHEDULE FOR APPLICABLE PERMIT FEES**

### DEMOLITION GUIDELINES

1. Be sure to obtain any other applicable permits required (eg. Occupancy Permits for occupying Public Right-of-Way.)
2. For County Demolitions, an Abandonment Permit from the Health Department is required.
3. Ensure asbestos or other hazardous/toxic materials are identified and disposed of properly.
4. Demolition of the building(s) includes removal of the following: accessory buildings and sheds, sidewalks, driveways, slabs, fences, retaining walls, basements, dead trees, bushes and all other such items that might be a part of the property that should be removed.
5. Septic tank and drywells must be filled with clean fill.
6. In the case of a demolition including a basement all debris must be removed from the remaining and hole and visual inspection by the Building Department completed prior to backfilling.
7. Fill must be to grade level and completed with clean fill.
8. Unless specifically requested by the client all live trees must be left standing.
9. Demolition must begin within 6 months of permit issuance and completed within 2 years of permits issuance. Failure to comply with these timelines will require reapplication for permit.
10. All debris and residue as a result of demolition is to be hauled away or removed by an approved landfill.
11. Upon completion schedule an inspection to verify.





**CITY DEMOLITION 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

**STRUCTURE TYPE TO BE DEMOLISHED:**

PRIMARY STRUCTURE  INCLUDING BASEMENT  INCLUDING ATTACHED GARAGE  ACCESSORY STRUCTURE  INTERIOR DEMO ONLY

**FLOORS:**

1<sup>ST</sup> Floor \_\_\_\_\_ sq/ft    2<sup>ND</sup> Floor \_\_\_\_\_ sq/ft    3<sup>RD</sup> Floor \_\_\_\_\_ sq/ft    Basement \_\_\_\_\_ sq/ft   
Attached Garage \_\_\_\_\_ sq/ft    Accessory Structure \_\_\_\_\_ sq/ft    **TOTAL** \_\_\_\_\_ sq/ft

**\*All accessory structures must be demolished along with primary structures, unless otherwise allowed per the zoning of the property.**

**Please initial to verify that no accessory structures will be left on the property that are not in compliance with the property's zoning.** \_\_\_\_\_

**VERIFICATION OF UTILITY DISCONNECTS:**

ELECTRIC     GAS     WATER/WELL/SEPTIC

*\*Proof of utility disconnects must be provided with this application.*

**\*\*\*If you will be blocking a public right-of-way (including sidewalks, roadways, or alleys) you must obtain Permits from Engineering/Public Works (574-235-9251).**



**CITY DEMOLITION PERMIT APPLICATION**

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

**DEMOLITION**

**CONTRACTOR:** \_\_\_\_\_

**OR**

**OWNER AS CONTRACTOR**

\*Please note that properties within City limits that are over 600 sf may NOT be demolished by a property owner

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ADDRESS:**

Address	City	State	Zip

**\*All contractors must be 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](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**

# REQUEST

## CONFIRMATION OF RETIREMENT OF ELECTRIC SERVICES

DATE: \_\_\_\_\_

(TO BE FILLED OUT BY REQUESTOR)

PROPERTY ADDRESS: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

COMPANY: \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

UTILITY COMPANY: \_\_\_\_\_

FOR ELECTRICAL CONFIRMATION PLEASE EMAIL TO:

[Jspencer@aep.com](mailto:Jspencer@aep.com)  
[Mkretchmer@aep.com](mailto:Mkretchmer@aep.com)  
[Anbest@aep.com](mailto:Anbest@aep.com)  
[Mbcarter@aep.com](mailto:Mbcarter@aep.com)  
[DIMoss-Clark@aep.com](mailto:DIMoss-Clark@aep.com)

(TO BE FILLED OUT BY UTILITY)

DATE SERVICES REMOVED: \_\_\_\_\_

UTILITY REPRESENTATIVE: \_\_\_\_\_

DATE RETURNED BY REP: \_\_\_\_\_

COMMENTS:

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## **CONFIRMATION OF RETIREMENT OF GAS SERVICE**

- CONTACT NIPSCO'S CUSTOMER SERVICE AT 1-800-4647726 (OR 1-844-809-8921)

## **CONFIRMATION OF RETIREMENT OF WATER SERVICE**

- CONTACT WATER WORKS AT 574-245-6109 (OR OTHER SERVICE PROVIDER)

## **CONFIRMATION OF WELL/SEPTIC ABANDONMENT**

- CONTACT THE HEALTH DEPARTMENT AT 574-235-9750