

# St. Joseph County I City of South Bend

### **BUILDING DEPARTMENT**

### **CITY MASONRY PERMIT APPLICATION**

#### CITY MASONRY PERMIT CHECKLIST

- Completed Application
  - 2. Special use/exception and/or variance approvals if applicable
  - 3. Signed contract showing estimated cost of construction
  - All contractors involved in the projectbuilding, electrical, plumbing, and HVAC. (on application form)
  - Energy Code Certification if applicable
  - 6. For finished basement applicable affidavit sign by property owner
  - Application fee \*\*SEE FEE SCHEDULE FOR APPLICABLE PERMIT FEES

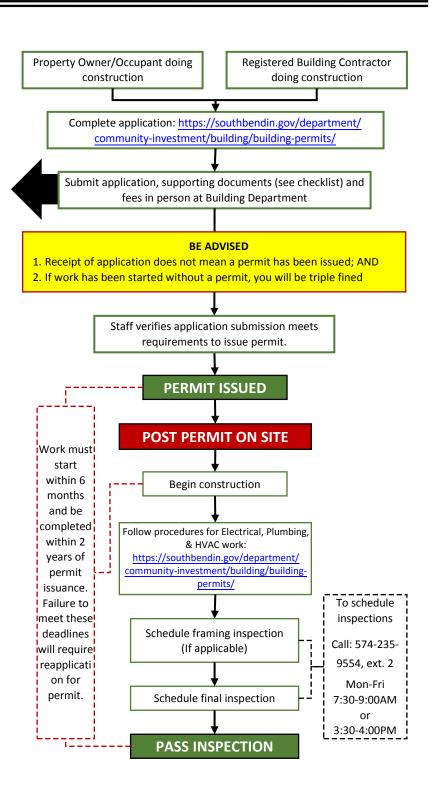
#### **USEFUL LINKS**

- ✓ Residential Permitting Steps <a href="https://southbendin.gov/wp-content/uploads/2018/07/RESIDENTIAL-PERMITTING-PROCESS-1.pdf">https://southbendin.gov/wp-content/uploads/2018/07/RESIDENTIAL-PERMITTING-PROCESS-1.pdf</a>
- ✓ City of South Bend Zoning/Variance
  Applications <a href="http://southbendin.gov/zoning">http://southbendin.gov/zoning</a>
- ✓ Historic Properties

  <a href="https://stjocogis.maps.arcgis.com/apps/">https://stjocogis.maps.arcgis.com/apps/</a>

  <a href="PublicInformation/index.html?">PublicInformation/index.html?</a>

  <a href="appid=fe6f472405f14b468e2f983c83ecbba1">appid=fe6f472405f14b468e2f983c83ecbba1</a>





# CITY MASONRY PERMIT APPLICATION



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

PROPOSED				
PROJECT				
ADDRESS:				
	Address	City	Zip	Township
PROPERTY OWNER:				
— PHONE NUMBER:		F84411		
- HONE NOWIDEN.		EMAIL:		
MAILING ADDRESS:				
	Address	City	State	Zip
*SIGNED CONTRACT SH	OWING COST OF CONSTR	UCTION MUST BE PROVIDED	UPON APPLICATION	N SUBMITTAL*
COST OF CONSTRUCTIO	·N: Ś			
BUILDING CONTRACTO	R:	OR OWNE	R AS CONTRACTOR	П
PHONE:				_
ADDRESS:		EMAIL:		
	Address	City	State	Zip
http://www.southbendin	.gov/government/content/co	lepartment. For more information information information in the second information in the second information in the second in th	_	
*Application must be sig	ned below.			
I certify the above to be a tr	rue and accurate to the best of	myknowledge.		
		,		
APPLICANT SIGNATURE			DATE	
PR	INT NAME	ORG/B	USINESS OR OWN	ER
	PHONE		EMAIL	