

# St. Joseph County | City of South Bend

## BUILDING DEPARTMENT

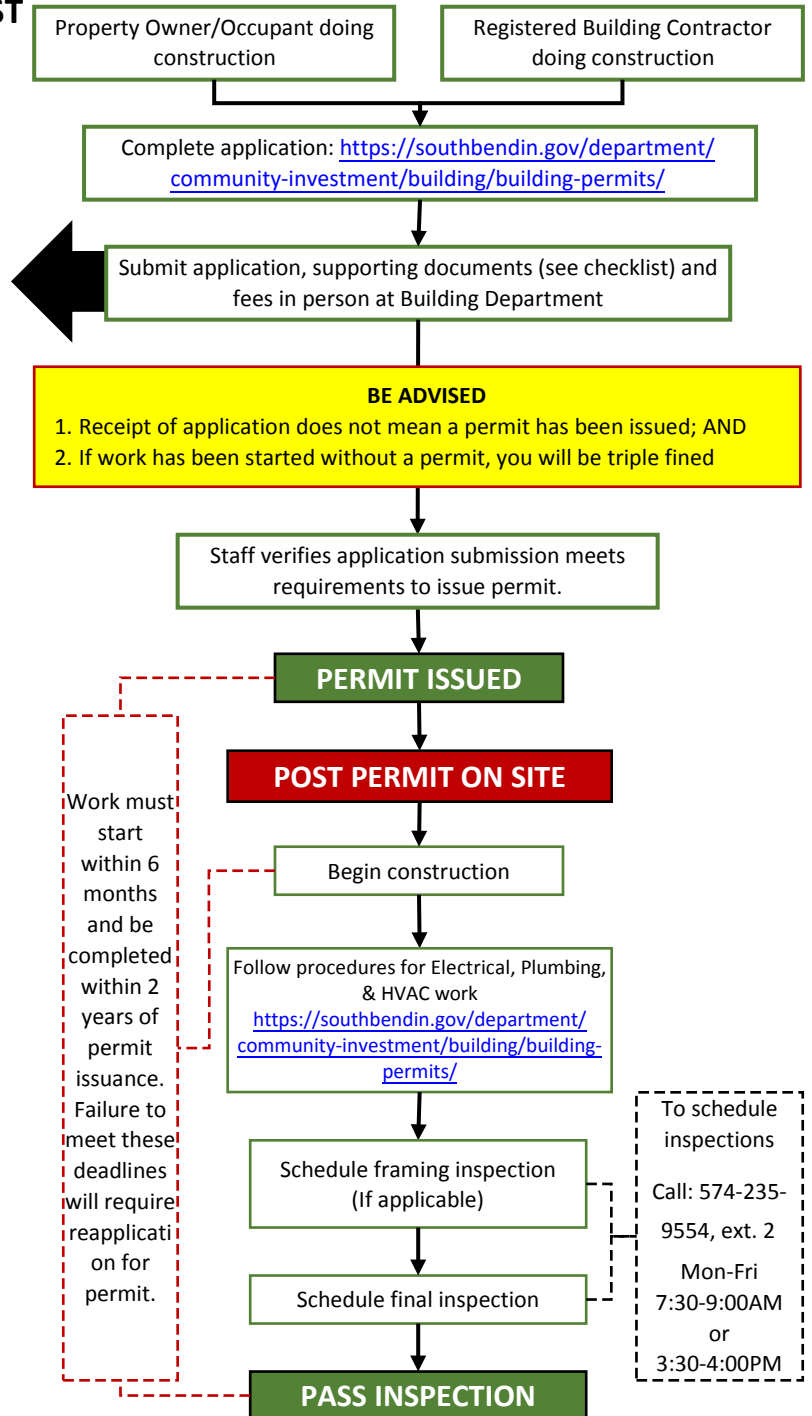
### CITY HOME RENOVATION PERMIT APPLICATION

#### 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

**\*\*IF THE PROPERTY OWNER WILL NOT BE PERFORMING THIS WORK AND A CONTRACTOR IS BEING HIRED, THE 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: INTERIOR DEMO ONLY**

<b>KITCHEN REMODEL</b>	<b>WINDOWS- REPLACEMENT ONLY?</b>	<b>YES</b>	<b>NO</b>
<b>BATHROOM REMODEL</b>	<b>DOORS- REPLACEMENT ONLY?</b>	<b>YES</b>	<b>NO</b>
<b>WHOLE HOUSE REMODEL</b>	<b>DRYWALL</b>		

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