

# St. Joseph County I City of South Bend

## **BUILDING DEPARTMENT**

## CITY RESIDENTIAL ROOFING PERMIT APPLICATION

### RESIDENTIAL ROOFING 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

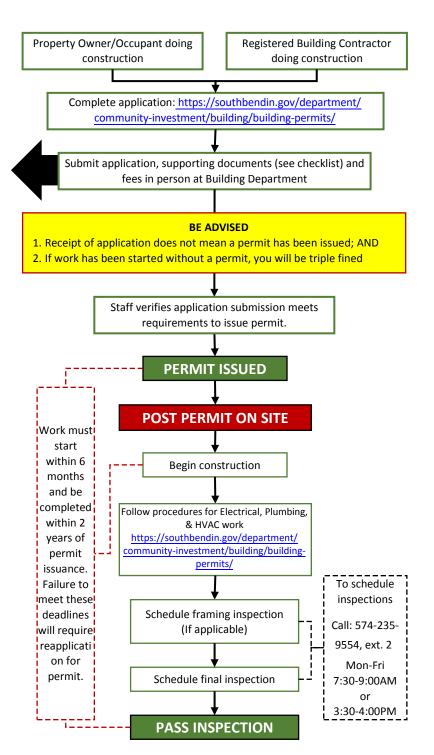
#### **USEFUL LINKS**

- ✓ Residential Permitting Steps <a href="https://southbendin.gov/wp-content/">https://southbendin.gov/wp-content/</a> <a href="uploads/2018/07/RESIDENTIAL-PERMITTING-PROCESS-1.pdf">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>

  PublicInformation/index.html?

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







CITY RESIDENTIAL ROOFING PERMIT APPLICATION
ST. JOSEPH COUNTY | CITY OF SOUTH BEND | BUILDING DEPARTMENT

PROPOSED					
PROJECT					
ADDRESS:					
Address			City	Zip	Township
PROPERTY OWNER:					_
PHONE NUMBER:		EMAIL	.:		
MAILING ADDRESS:					
	Address		City	State	Zip
*SIGNED CONTRACT SHOW	ING COST OF C	ONSTRUCTION	I MUST BE PROV	/IDED UPON APPLICATION	SUBMITTAL*
COST OF CONSTRUCTION:	ON: TEAR-OFF/RE-ROOF: \$		OF	R OVERLAY: \$	
INCLUDES SOFFIT/FASCIA:	YES □	NO 🗆			
BUILDING CONTRACTOR:			OR C	OWNER AS CONTRACTOR	
PHONE:			EMAIL:		
ADDRESS:					
Address		City	State	Zip	
*All contractors must be http://www.southbendin.gov				information on this go to	
*Application can be emailed				o the address below for rev	iew.
*Application must be signed	below.				
I certify the above to be a true a	ınd accurate to th	e best of my kno	wledge.		
APPLICANT SIGNATURE				DATE	
PRINT NAME			ORG/BUSINESS OR OWNER		
PHC	ONE			EMAIL	