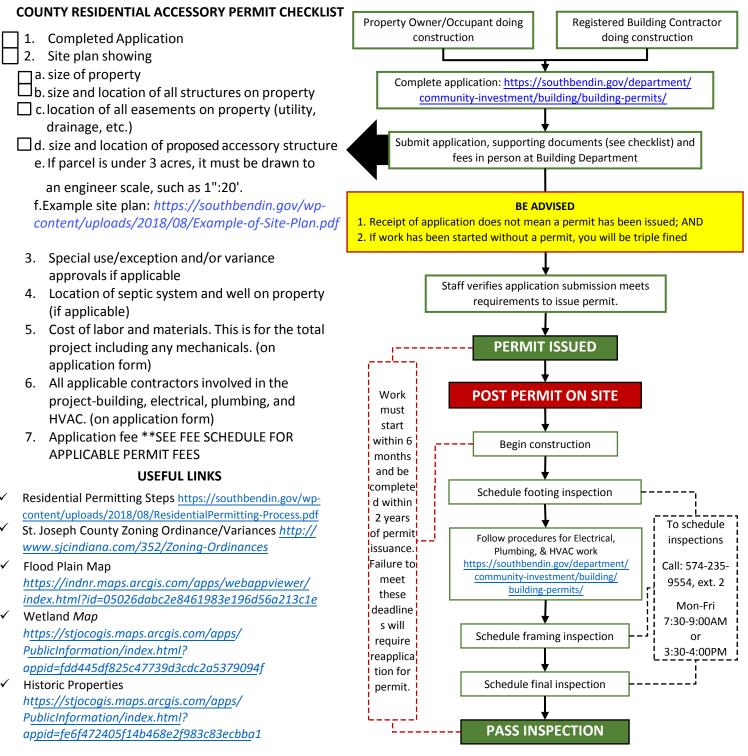


St. Joseph County I City of South Bend BUILDING DEPARTMENT COUNTY ACCESSORY PERMIT APPLICATION (RESIDENTIAL)





THIS APPLICATION IS FOR THE FOUNDATION ONLY

ADDRESS:	Address	City	Zip	Township		
PROPERTY OWNE	R:					
HONE NUMBER:	MBER: EMAIL:					
MAILING ADDRES	SS:Address	City	State	Zip		
PROPOSED ACCESSORY /ALUATION: \$		PROPOSED ACCESSORY SQUARE FOOTAGE:				
ROJECT TYPE:	ACCESSORY BUILDING		Describe			
ROJECT SIZE:	Accessory Building (sq/ft)	Other (sq/ft)	Height (ft)			
XISTING TRUCTURES:	Primary Structure (sq/ft)	Accessory Buildings (sq/ft)	Other (sq/ft)			
	AL USE/ EXCEPTION APPRO APPROVAL LETTER	VAL DATE, IF APPLICABLE*:				
ROPOSED CCESSORY						
SETBACKS:						



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CONTRACTOR:			OWNER AS CONTRACTOR	
PHONE:		EMAIL:		
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

*IF A DIFFERENT CONTRACTOR THAN THAT LISTED ABOVE WILL BE PERFORMING **FOUNDATION WORK**, THEY MUST ALSO BE A REGISTERED BUILDING CONTRACTOR AND APPLY FOR A **SEPARATE FOUNDATION PERMIT**

*All contractors must be registered with our department. For more information on this go to <u>https://southbendin.gov/department/community-investment/building/contractor-licenses/</u>

*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 true and accurate to the best of my knowledge.

The Owner or Assignee obtaining this permit is responsible for determining the location of the property lines and conforming with the setback, height, and all other requirements of the Zoning Ordinance. Also, the restrictive covenant relating to the property may be more restrictive and should be checked.

The undersigned Owner or Assignee does hereby accept the above responsibility.

APPLICANT SIGNATURE

PRINT NAME

ORG/BUSINESS OR OWNER

DATE

PHONE

EMAIL

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 ACCESSORY PERMIT APPLICATION (RESIDENTIAL) ST. JOSEPH COUNTY | CITY OF SOUTH BEND | BUILDING DEPARTMENT

NON-CONVERSION AGREEMENT FOR ACCESSORY STRUCTURES

Owner: ______ Address: ______

In consideration for the granting of the above referenced permit, the Property Owner agrees to the following:

- 1) The enclosed area of the improvement, or the enclosed area adjacent to the improvement, shall be used solely for accessory or storage uses and will never be used for any other purpose without first becoming fully compliant with the Ordinance in effect for the district in which the address is located.
- 2) Any variation in construction beyond what is permitted shall constitute a violation and be abatable as such.
- 3) This **Nonconversion Agreement** becomes an attachment and an enforceable part of above referenced permit and grants the City of South Bend/St. Joseph County Building Department the ability to inspect and enforce the provisions of the Agreement at any time.

Date

Property Owner Signature

*This MUST be signed by the property owner, not contractor.