

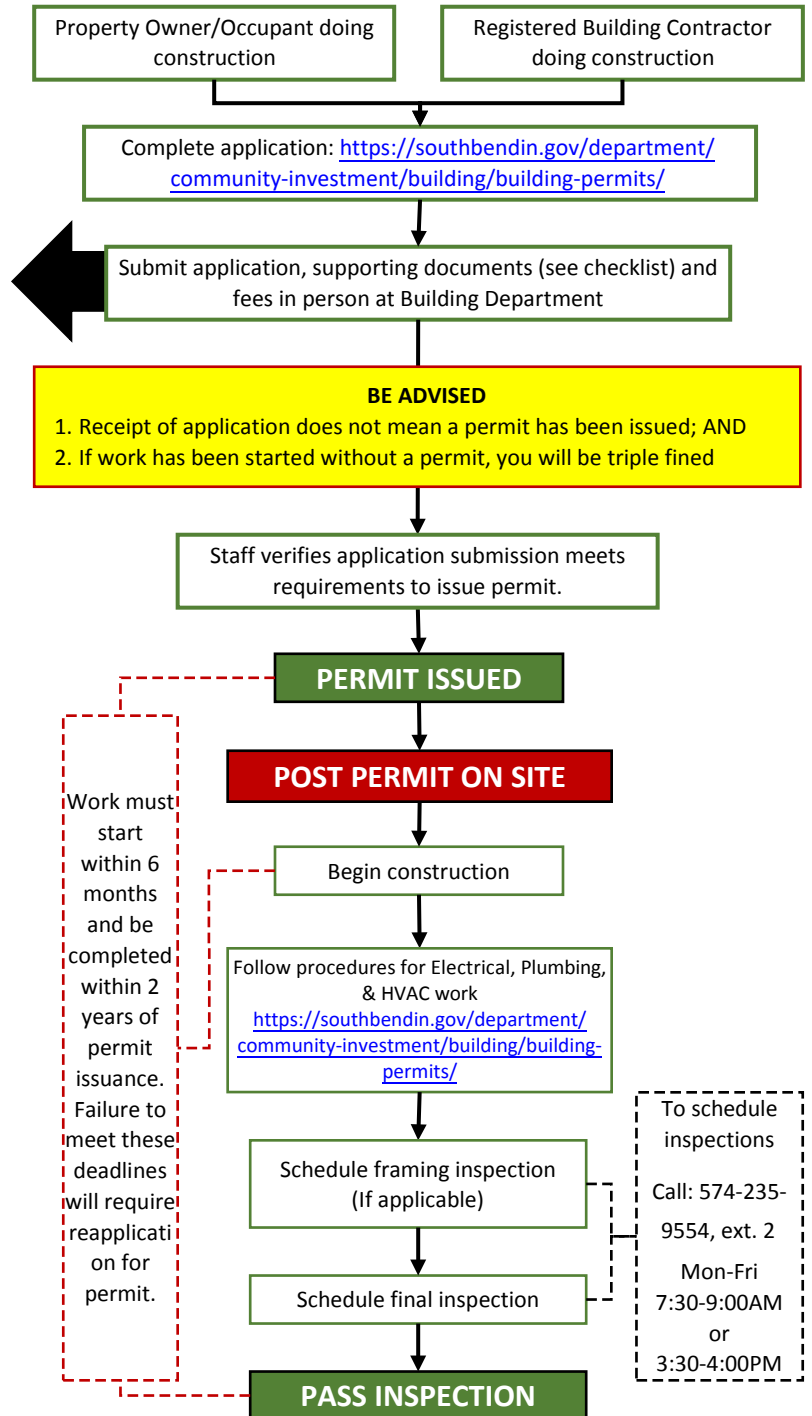
St. Joseph County | City of South Bend  
**BUILDING DEPARTMENT**  
**COUNTY HOME RENOVATION PERMIT APPLICATION**

**COUNTY 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. For finished basement applicable affidavit sign by property owner
- 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>
- ✓ St. Joseph County Zoning/Variance Applications  
<http://www.sjcindiana.com/306/Division-of-Planning-Zoning>
- ✓ Historic Properties  
<https://stjocogis.maps.arcgis.com/apps/PublicInformation/index.html?appid=fe6f472405f14b468e2f983c83ecbba1>





**COUNTY 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: INCLUDING:**

<b>KITCHEN REMODEL</b>	<b>WINDOWS</b>	<b>INTERIOR DEMO</b>
<b>BATHROOM REMODEL</b>	<b>DOORS</b>	<b>ONLY</b>
<b>WHOLE HOUSE REMODEL</b>	<b>DRYWALL</b>	
<b>OTHER DESCRIPTION NOT LISTED: _____</b>		

**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 \$ \_\_\_\_\_**



COUNTY 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: \_\_\_\_\_

Other: \_\_\_\_\_ Scope of Work: \_\_\_\_\_

Other: \_\_\_\_\_ Scope of Work: \_\_\_\_\_

Other: \_\_\_\_\_ Scope of Work: \_\_\_\_\_

Other: \_\_\_\_\_ Scope of Work: \_\_\_\_\_

\*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