

St. Joseph County I City of South Bend

BUILDING DEPARTMENT

COUNTY WINDOWS/DOORS PERMIT APPLICATION

COUNTY WINDOWS/DOORS 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)
 - Application fee **SEE FEE SCHEDULE FOR APPLICABLE PERMIT FEES

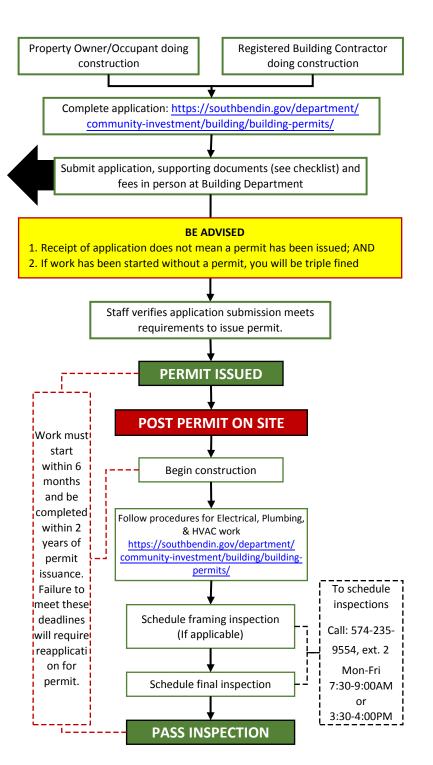
USEFUL LINKS

- ✓ 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/

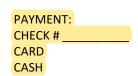
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COUNTY WINDOWS/DOORS PERMIT APPLICATION



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

PROPOSED				
PROJECT				
ADDRESS:				
	Address	City	Zip	Township
PROPERTY OWNER:				<u> </u>
PHONE NUMBER:		EMAIL:		
MAILING ADDRESS:				
	Address	City	State	Zip
**IF THE PROPERTY OWNER	WILL NOT BE PER	FORMING THIS WORK AND A CONT	RACTOR IS BEIN	IG HIRED, THE
SIGNED CONTRACT SHOWIN	IG COST OF CONST	RUCTION MUST BE PROVIDED UPO	N APPLICATION	SUBMITTAL**
*TOTAL COSTRUCTION COST	τ· ¢			
TOTAL COSTROCTION COS	ι. γ			
If adding square footage	, please also comp	lete Addition or Accessory Applicat	ion listing Cons	truction Cost
DUE TO FIRE DAMAGE: YES	NO	DUE TO STORM DAMAG	F· VFS	NO
DOL TO TINE DAWINGE. TES	140	DOE TO STORINI DAINIAG	L. ILS	NO
SCOPE OF PROJECT:				
WINDOWS	DOORS			
WIINDOWS	DOOKS			
DOES THIS PROJECT INCLUD	F ΔNY WORK IN TH	IF RASEMENT? YES	NO [
*IF YES, WILL AN EGRESS WI	NDOW BE INSTALL	ED AS A PART OF THIS RENOVATION	? YES □	NO 🗆
*IF NOT, PLEASE INITIAL THA	T AN APPROPRIATI	E MEANS OF EGRESS ALREADY EXIST	S WHERE APPLI	CABLE
		OWNER □ (CONTRACTOR [₇
			<u>-</u>	
				INITIALS



COUNTY WINDOWS/DOORS 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		
			N/A		
			N/A		
Other:		Scope of Work	:		
			:		
Application can be ema	v/department/community-in	epartment. For more informativestment/building/contractor-liced bendin.gov or provided to the address my knowledge.	nses/	ew.	
APPLIC	ANT SIGNATURE		DATE		
P	RINT NAME	ORG/BUSIN	ORG/BUSINESS OR OWNER		
	PHONE		EMAIL		