

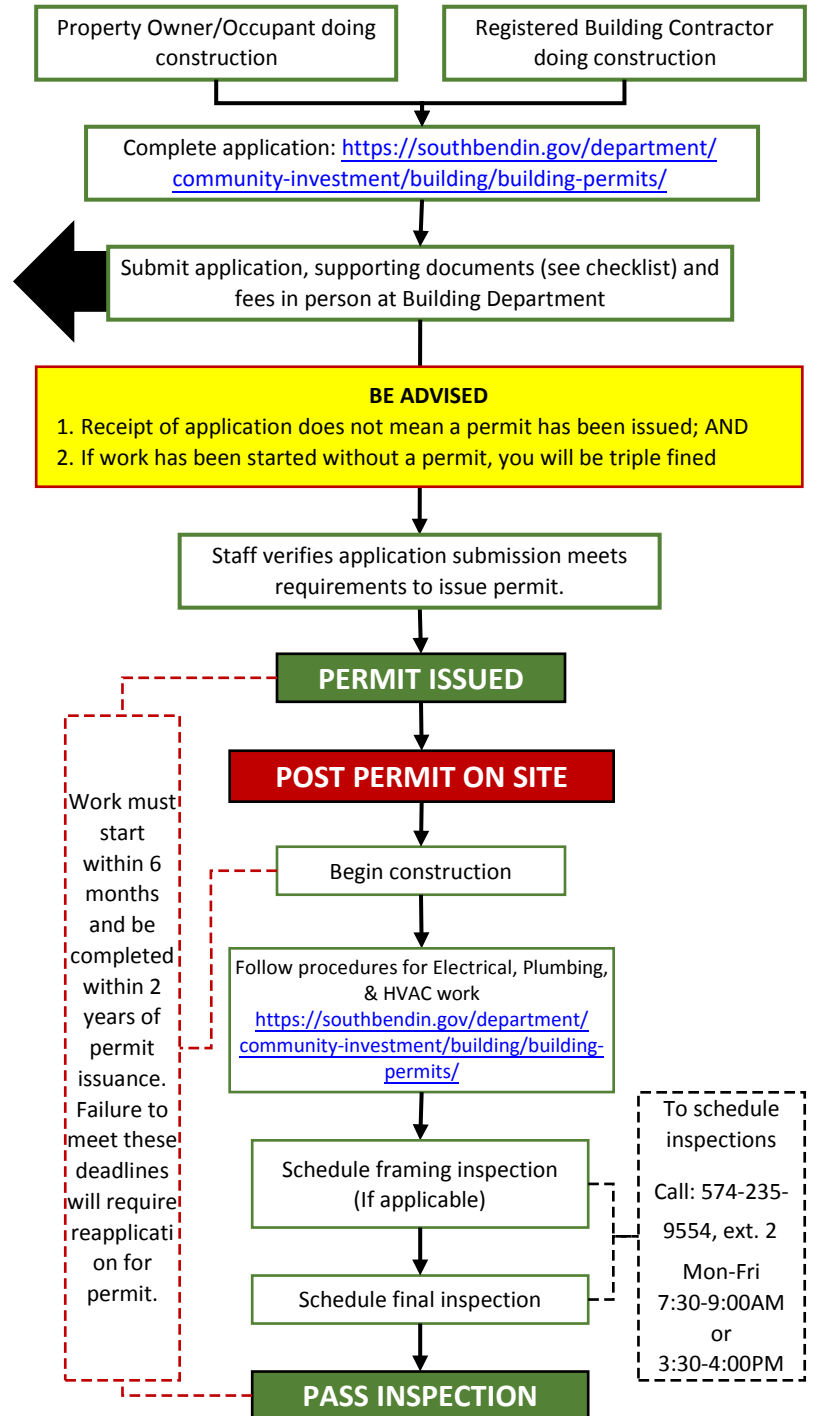
St. Joseph County | City of South Bend BUILDING DEPARTMENT COUNTY RESIDENTIAL PERMIT RENEWAL APPLICATION

COUNTY RESIDENTIAL PERMIT RENEWAL CHECKLIST

1. Completed Application
2. Special use/exception and/or variance approvals if applicable
- 3. *PERMITS MUST BE RENEWED PRIOR TO 2 YEARS FROM ORIGINAL PERMIT DATE***
4. Signed contract showing estimated cost of construction
5. All contractors involved in the project- building, electrical, plumbing, and HVAC. (on application form)
6. Energy Code Certification if applicable
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 RESIDENTIAL PERMIT RENEWAL 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:

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

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 RESIDENTIAL PERMIT RENEWAL 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 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