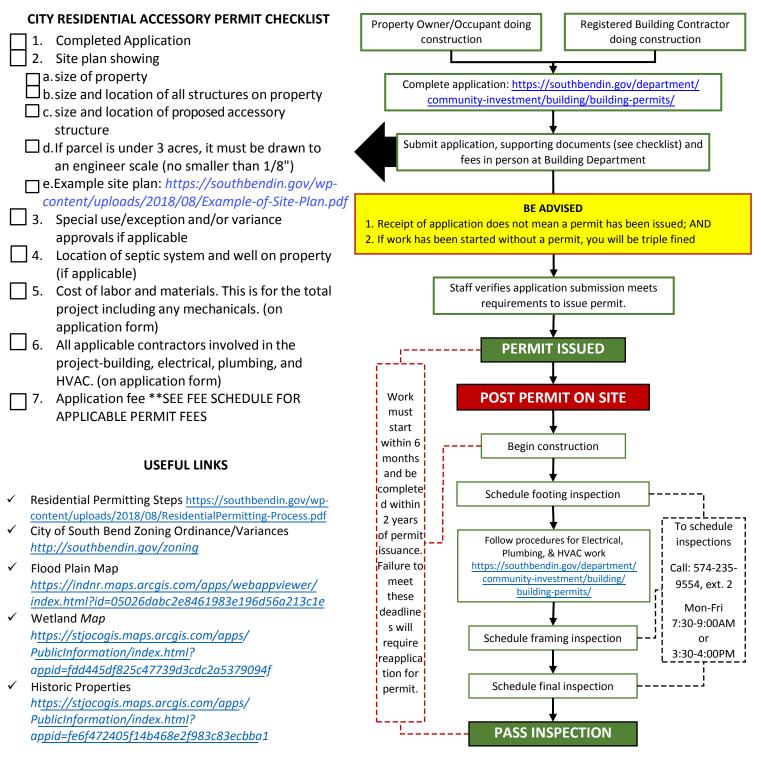


St. Joseph County I City of South Bend BUILDING DEPARTMENT CITY ACCESSORY PERMIT APPLICATION (RESIDENTIAL)



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

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

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PROPOSED PROJECT ADDRESS:					
	Address		City	Zip	Township
PROPERTY OWNER	:				
PHONE NUMBER:		EMAIL	:		
MAILING ADDRESS	:				
	Address		City	State	Zip
PROPOSED ACCESSORY			PROPOSED ACCESSORY		
VALUATION: \$			SQUARE FOOTAG	ie:	
PROJECT TYPE:		G □ OTHE	R	Describe	
PROJECT SIZE:					
-	Accessory Building (sq/ft)	(Other (sq/ft)	Height (ft)	
If proposed structu	ure is 576 square feet or lo	arger, PROPERTY	<mark>' OWNER must sign t</mark> i	he Nonconversion Agree	<mark>ment on page 4.</mark>
EXISTING	Primary Structure (sq/ft)	Accesso	ry Buildings (sq/ft)	Other (sq/ft)	
VARIANCE, SPECIAL *PLEASE PROVIDE A	. USE/ EXCEPTION APPR APPROVAL LETTER	OVAL DATE, IF A	APPLICABLE*:		
PROPOSED ACCESSORY SETBACKS:					
JLIDACKJ: _	Front Lot Line (ft)	Side Lot line (ft)	Side Lot line (ft)	Rear lot line (ft)	Other (ft)
EXCE	ILLENCE ACCOUNTA	ABILITY INNO	OVATION INCLU	sion empowerm	ENT

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BUILDING CONTRACTOR:		OR	OWNER AS CONTRACTOR		
PHONE:		EMAIL:			
ADDRESS:					
	Address	City	State	Zip	

*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 licensed and/or registered with our department. For more information onthis goto <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

PHONE

DATE

ORG/BUSINESS OR OWNER

EMAIL



NON-CONVERSION AGREEMENT FOR ACCESSORY STRUCTURES (576 SF or larger)

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