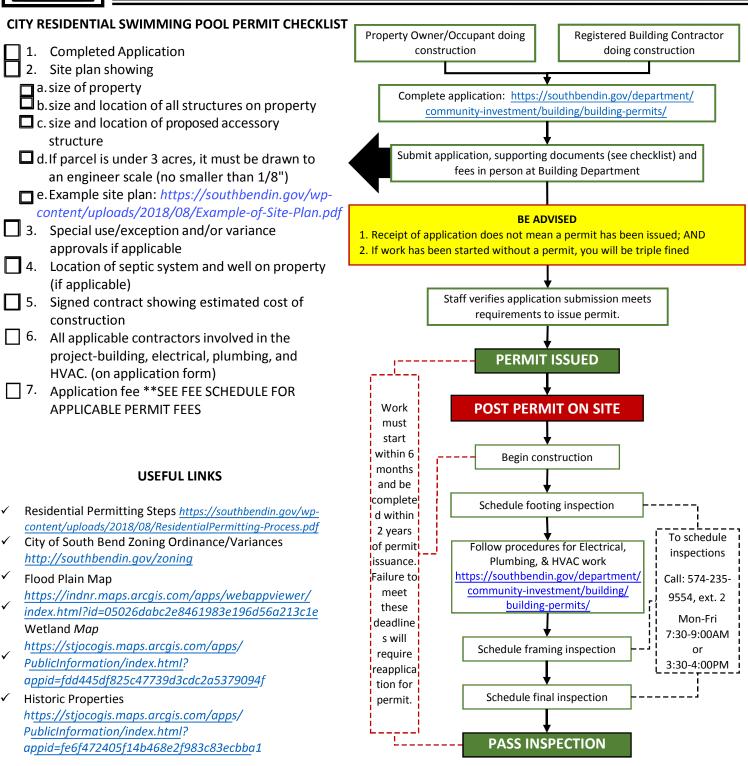


St. Joseph County I City of South Bend BUILDING DEPARTMENT CITY RESIDENTIAL SWIMMING POOL PERMIT APPLICATION



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CHECK	#	
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CASH		

PROPOSED				
ROJECT ADDRESS:				
	Address	City	Zip	Township
ROPERTY OWNER	:			
HONE NUMBER:		EMAIL:		
IAILING ADDRESS				
	Address	City	State	Zip
IGNED CONTRAC	T SHOWING COST OF CON	ISTRUCTION MUST BE PROVIDE	D UPON APPLICATIO	N SUBMITTAL
		ISTRUCTION MUST BE PROVIDE	D UPON APPLICATIO	N SUBMITTAL
OTAL COSTRUCTI		ISTRUCTION MUST BE PROVIDE		N SUBMITTAL
OTAL COSTRUCTIO	ON COST: \$ 			N SUBMITTAL
OTAL COSTRUCTION	ON COST: \$ 			N SUBMITTAL
OTAL COSTRUCTION ROJECT SIZE:	ON COST: \$ Swimming Pool (sq/ft) (<i>Water depth at least 42"</i>) Primary Structure (sq/ft) . USE/ EXCEPTION APPROV	 Deck at or over 30" above grade (sq/ft)	N SUBMITTAL
OTAL COSTRUCTION	ON COST: \$ Swimming Pool (sq/ft) (<i>Water depth at least 42"</i>) Primary Structure (sq/ft) . USE/ EXCEPTION APPROV	Deck at or over 30" above grade (Accessory Buildings (sq/ft)	 sq/ft)	N SUBMITTAL



CITY RESIDENTIAL SWIMMING POOL PERMIT APPLICATION ST. JOSEPH COUNTY | CITY OF SOUTH BEND | BUILDING DEPARTMENT

		_
OR OWNER AS	CONTRACTOR	
EMAIL:		
City	State	Zip
	N/A	
	N/A 🗌	
	N/A 🗌	
Scope of Work:		
Scope of Work:		
	EMAIL: City Scope of Work: Scope of Work: Scope of Work: Scope of Work:	EMAIL:

*All contractors must be licensed and/or registered with our department. For more information on this go to <u>http://www.southbendin.gov/government/content/contractor-licenses-0</u>

*Application can be emailed to us at <mark>building@southbendin.gov</mark> 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