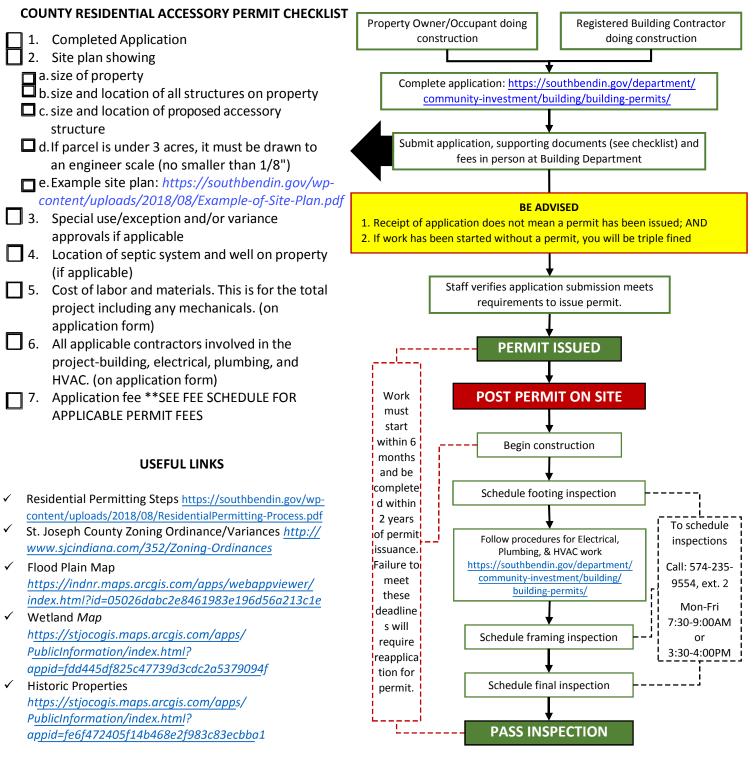


St. Joseph County I City of South Bend BUILDING DEPARTMENT COUNTY ACCESSORY PERMIT APPLICATION (RESIDENTIAL)



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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PROJECT ADDRESS:				
	Address	City	Zip	Township
ROPERTY OWNER:	·			
HONE NUMBER:		EMAIL:		
MAILING ADDRESS:	Address	City	State	Zip
PROPOSED ACCESSORY /ALUATION: \$		PROPOSED ACCESSORY SQUARE FOOTAG	GE:	
ROJECT TYPE:	ACCESSORY BUILDING	□ OTHER	Describe	
ROJECT SIZE:	Accessory Building (sq/ft)	Other (sq/ft)	Height (ft)	
*If proposed structu	re is 576 square feet or large	r, PROPERTY OWNER must sign t	the Nonconversion Agree	<mark>ement on page</mark>
XISTING	Primary Structure (sq/ft)	Accessory Buildings (sq/ft)	Other (sq/ft)	
ARIANCE , SPECIAL PLEASE PROVIDE A	USE/ EXCEPTION APPROVA PPROVAL LETTER	AL DATE, IF APPLICABLE*:		
ROPOSED CCESSORY				
ETBACKS:				

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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 go to <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