

PAYMENT: _____
 CHECK # _____
 CARD *WE DO NOT ACCEPT AMERICAN EXPRESS
 CASH *EXACT PAYMENT MAY BE REQUIRED IF WE ARE UNABLE TO MAKE CHANGE FOR CASH PAYMENTS

ST. JOSEPH COUNTY/SOUTH BEND BUILDING DEPARTMENT
 125 S. LAFAYETTE BLVD. SUITE 100
 SOUTH BEND, INDIANA 46601
 Phone: 574-235-9554/Fax: 574-235-5541

APPLICATION FOR PLUMBING PERMIT

PERMIT#:BD _____	DATE: _____
PROPERTY ADDRESS: _____	
OWNER'S NAME: _____	PHONE: _____
MAILING ADDRESS: _____	

PLEASE COMPLETE THE CHART BELOW, NOTING THE QUANTITY OF EACH ITEM ON THE LEFT, AND CALCULATING THE FEES ON THE RIGHT. FIND OUR FEE SCHEDULE AT THE LINK BELOW:
<https://southbendin.gov/wp-content/uploads/2018/07/Fee-Schedule-2020.pdf>

Qty.	Description	Amount	Fees Owed
	Plumbing fixtures/drains/traps: _____		
	Backflow Protection _____		
	Building Sewer: Under 100' _____ Over 100' _____		
	Building Water: Under 100' _____ Over 100' _____		
	Water Softener(s) _____		
	Drain within building for rainwater system _____		
	Water Heater(s) _____		
	Gas Reconnection _____ Gas outlet(s) _____		
	Repair/alteration of drainage/vent piping _____ or water piping _____		
	Drywells _____		
	Lawn Sprinkler Systems _____		
	Fire Protection Sprinkler system/Number of Heads: _____		
	Gas Tank(s) and Pump(s) _____		
	Back-up generator-gas line: 10 Kv or less _____ Over 10 Kv _____		
	Other: _____		
	MINIMUM PERMIT FEE: \$40.00	Total:	

***FOR GAS RECONNECTION, SEE GAS SAFETY PRESSURIZATION TEST**

It is hereby certified that the work herein called for is in accordance with the provisions of the Plumbing Codes of St. Joseph County and the City of South Bend, Indiana.

Plumbing Contractor: _____

(Please list Company Name, how registered within our jurisdiction)

Phone Number: _____

Email Address: _____

**See Fee Schedule for permit fees