

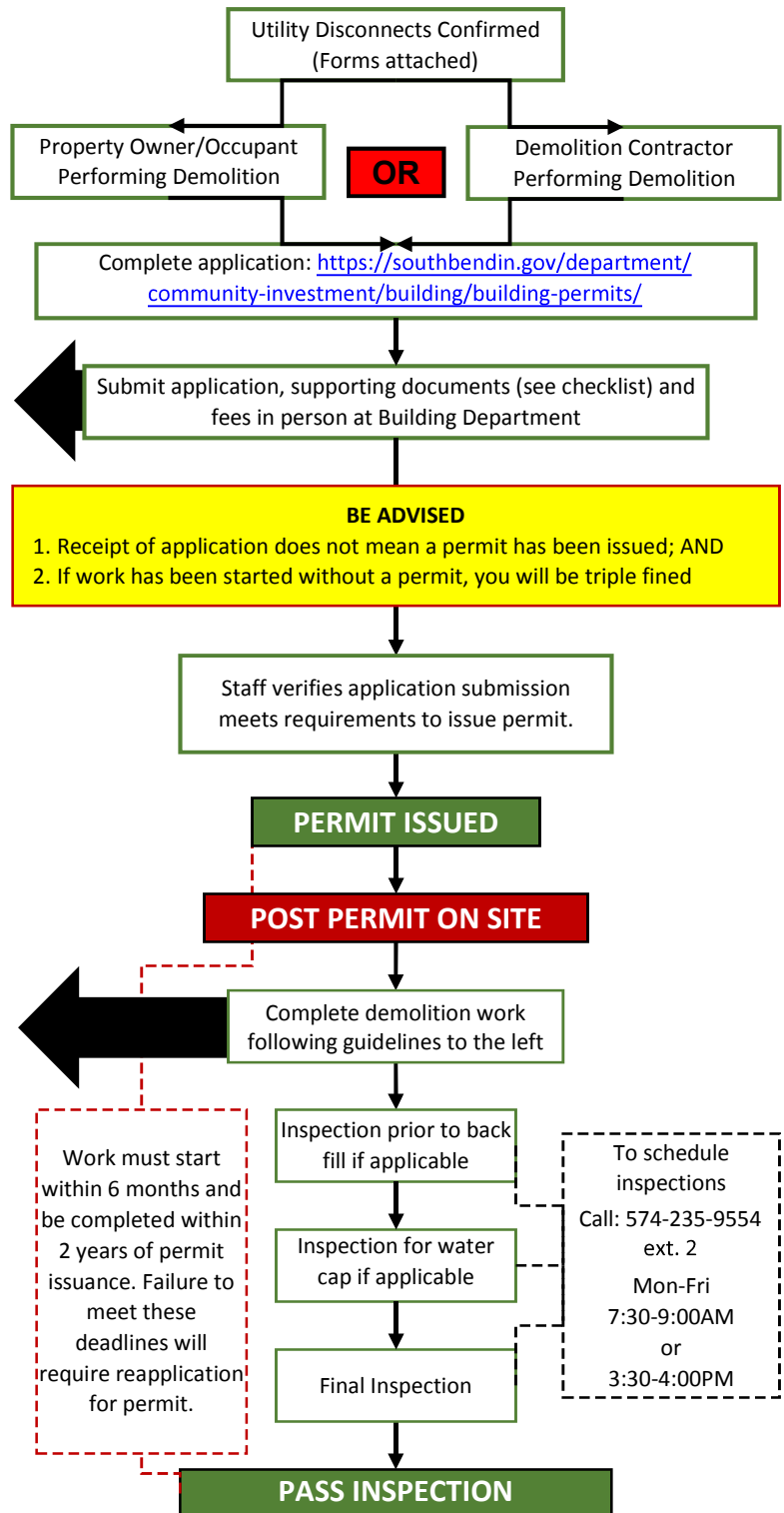
St. Joseph County | City of South Bend BUILDING DEPARTMENT CITY DEMOLITION PERMIT APPLICATION

CITY DEMOLITION APPLICATION CHECKLIST

- ☐ 1. Completed Application
- ☐ 2. All applicable contractors involved in the demolition OR if the property is within CITY limits AND the property owner is doing the work AND the structure(s) is larger than 600 sq/ft a bond must be registered with the building department.
- ☐ 3. For County Demolitions, an Abandonment Permit from the Health Department is required for septic AND well.
- ☐ 4. Utility Release verifications
- ☐ 5. Application fee ****SEE FEE SCHEDULE FOR APPLICABLE PERMIT FEES**

DEMOLITION GUIDELINES

1. Be sure to obtain any other applicable permits required (eg. Occupancy Permits for occupying Public Right-of-Way.)
2. For County Demolitions, an Abandonment Permit from the Health Department is required.
3. Ensure asbestos or other hazardous/toxic materials are identified and disposed of properly.
4. Demolition of the building(s) includes removal of the following: accessory buildings and sheds, sidewalks, driveways, slabs, fences, retaining walls, basements, dead trees, bushes and all other such items that might be a part of the property that should be removed.
5. Septic tank and drywells must be filled with clean fill.
6. In the case of a demolition including a basement all debris must be removed from the remaining and hole and visual inspection by the Building Department completed prior to backfilling.
7. Fill must be to grade level and completed with clean fill.
8. Unless specifically requested by the client all live trees must be left standing.
9. Demolition must begin within 6 months of permit issuance and completed within 2 years of permits issuance. Failure to comply with these timelines will require reapplication for permit.
10. All debris and residue as a result of demolition is to be hauled away or removed by an approved landfill.
11. Upon completion schedule an inspection to verify.



EXCELLENCE | ACCOUNTABILITY | INNOVATION | INCLUSION | EMPOWERMENT



CITY DEMOLITION PERMIT 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

STRUCTURE TYPE

TO BE

DEMOLISHED:

☐

PRIMARY
STRUCTURE

☐

INCLUDING
BASEMENT

☐

INCLUDING
ATTACHED GARAGE

☐

ACCESSORY
STRUCTURE

☐

INTERIOR
DEMO ONLY

FLOORS:

1ST Floor

sq/ft

2ND Floor

sq/ft

3RD Floor

sq/ft

Basement

sq/ft

Attached
Garage

sq/ft

Accessory
Structure

sq/ft

TOTAL

sq/ft

***All accessory structures must be demolished along with primary structures, unless otherwise allowed per the zoning of the property.**

Please initial to verify that no accessory structures will be left on the property that are not in compliance with the property's zoning. _____

VERIFICATION OF UTILITY DISCONNECTS:

☐ ELECTRIC

☐ GAS

☐ WATER/WELL/SEPTIC

**Proof of utility disconnects must be provided with this application.*

*****If you will be blocking a public right-of-way (including sidewalks, roadways, or alleys) you must obtain Permits from Engineering/Public Works (574-235-9251).**

EXCELLENCE | ACCOUNTABILITY | INNOVATION | INCLUSION | EMPOWERMENT

215 S. Martin Luther King Jr. Blvd. | Suite 100 | South Bend, IN 46601 | p. 574.235.9554 | f. 574.235.5541 |
www.southbendin.gov



CITY DEMOLITION PERMIT APPLICATION

ST. JOSEPH COUNTY | CITY OF SOUTH BEND | BUILDING DEPARTMENT

DEMOLITION

CONTRACTOR: _____ OR

OWNER AS CONTRACTOR ☐

*Please note that properties within
City limits that are over 600 sf may
NOT be demolished by a property owner

PHONE: _____ EMAIL: _____

ADDRESS: _____
Address City State Zip

***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

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REQUEST

CONFIRMATION OF RETIREMENT OF ELECTRIC SERVICES

DATE: _____

(TO BE FILLED OUT BY REQUESTOR)

PROPERTY ADDRESS: _____

REQUESTED BY: _____

COMPANY: _____

EMAIL _____

PHONE _____

FAX _____

UTILITY COMPANY: _____

FOR ELECTRICAL CONFIRMATION PLEASE EMAIL TO:

Jspencer@aep.com
Mkretchmer@aep.com
Anbest@aep.com
Mbcarter@aep.com
DIMoss-Clark@aep.com

(TO BE FILLED OUT BY UTILITY)

DATE SERVICES REMOVED: _____

UTILITY REPRESENTATIVE: _____

DATE RETURNED BY REP: _____

COMMENTS:

CONFIRMATION OF RETIREMENT OF GAS SERVICE

- CONTACT NIPSCO'S CUSTOMER SERVICE AT 1-800-4647726 (OR 1-844-809-8921)

CONFIRMATION OF RETIREMENT OF WATER SERVICE

- CONTACT WATER WORKS AT 574-245-6109 (OR OTHER SERVICE PROVIDER)

CONFIRMATION OF WELL/SEPTIC ABANDONMENT

- CONTACT THE HEALTH DEPARTMENT AT 574-235-9750