

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

CITY HOME RENOVATION PERMIT CHECKLIST

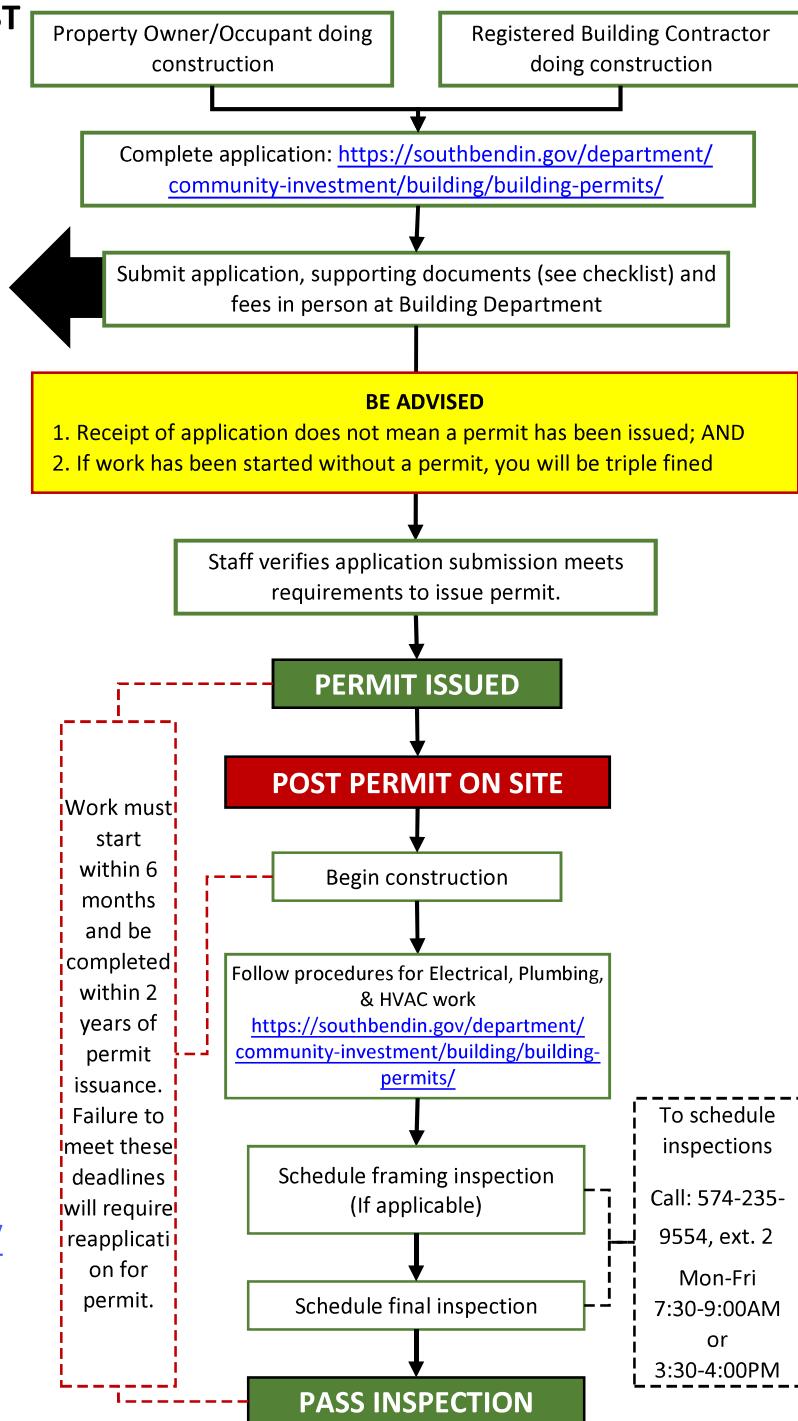
- 1. Completed Application
- 2. Special use/exception and/or variance approvals if applicable
- 3. Signed contract showing estimated cost of construction
- 4. All contractors involved in the project—building, electrical, plumbing, and HVAC. (on application form)
- 5. **Energy Code Certification** if applicable
- 6. ***Elevation plans showing Transparency, including window dimensions** (2nd story, towards front/corner of lot, closing or altering the size of existing windows)
- 7. Application fee ****SEE FEE SCHEDULE FOR APPLICABLE PERMIT FEES**

USEFUL LINKS

City Zoning: <https://southbendin.gov/department/community-investment/planning-community-resources/zoning/>

Zoning District Maps: <https://southbend.maps.arcgis.com/apps/webappviewer/index.html?id=d95daf77ca50463cb62738d2f88a62b1>

Historic Preservation Commission: <https://southbendin.gov/department/community-investment/planning-community-resources/historic-preservation-commission/>



EXCELLENCE | ACCOUNTABILITY | INNOVATION | INCLUSION | EMPOWERMENT



CITY HOME RENOVATION PERMIT APPLICATION
ST. JOSEPH COUNTY | CITY OF SOUTH BEND | BUILDING DEPARTMENT

PAYMENT:
CHECK # _____
CARD _____
CASH

***IF APPLYING FOR A DUPLEX RENOVATION, PLEASE COMPLETE 2 APPS (1 FOR EACH UNIT)**

PROPOSED

PROJECT

ADDRESS:

Address _____ City _____ Zip _____ Township _____

PROPERTY OWNER:

PHONE NUMBER: _____ EMAIL: _____

MAILING ADDRESS:

Address _____ City _____ State _____ Zip _____

SIGNED CONTRACT SHOWING COST OF CONSTRUCTION MUST BE PROVIDED UPON APPLICATION SUBMITTAL

TOTAL CONSTRUCTION COST: \$ _____

If adding square footage, please also complete Addition or Accessory Application listing Construction Cost

DUE TO FIRE DAMAGE: YES NO **DUE TO STORM DAMAGE:** YES NO
 KITCHEN REMODEL WINDOWS- REPLACEMENT ONLY? YES NO
 BATHROOM REMODEL DOORS- REPLACEMENT ONLY? YES NO
 WHOLE HOUSE REMODEL DRYWALL
 OTHER DESCRIPTION NOT LISTED: _____

***BE SURE TO PROVIDE ELEVATION PLANS SHOWING TRANSPARENCY WHEN APPLICABLE
(2ND STORY, TOWARDS FRONT/CORNER OF LOT, CLOSING OR ALTERING THE SIZE OF EXISTING WINDOWS)**

DOES THIS PROJECT INCLUDE ANY WORK IN THE BASEMENT? YES NO

***IF YES, WILL AN EGRESS WINDOW BE INSTALLED AS A PART OF THIS RENOVATION?** YES NO

***IF NOT, PLEASE INITIAL THAT AN APPROPRIATE MEANS OF EGRESS ALREADY EXISTS WHERE APPLICABLE**

OWNER CONTRACTOR
INITIALS

***PLEASE NOTE THAT THE HEALTH DEPARTMENT MAY NEED TO BE NOTIFIED OF ADDITIONAL BEDROOMS OR PLUMBING IN THE BASEMENT @ (574)235-9750.**

**IF THIS PROJECT INCLUDES ANY ROOFING OR SIDING, LIST SEPARATE CONSTRUCTION COSTS BELOW.
SEPARATE FEES WILL BE DETERMINED BY THESE CONSTRUCTION COSTS, SEPARATE FROM RENOVATION FEE.**

TEAR-OFF/RE-ROOF \$ _____ ROOF OVERLAY \$ _____ SIDING \$ _____

***Vinyl siding prohibited
in NC and DT districts**

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**CITY HOME RENOVATION PERMIT APPLICATION**

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BUILDING**CONTRACTOR:** _____**OR OWNER AS CONTRACTOR****PHONE:** _____**EMAIL:** _____**ADDRESS:**

Address _____

City _____

State _____

Zip _____

***All contractors must be licensed and/or 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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