

St. Joseph County | City of South Bend

## BUILDING DEPARTMENT

### CITY RESIDENTIAL SIDING PERMIT APPLICATION

#### CITY RESIDENTIAL SIDING PERMIT CHECKLIST

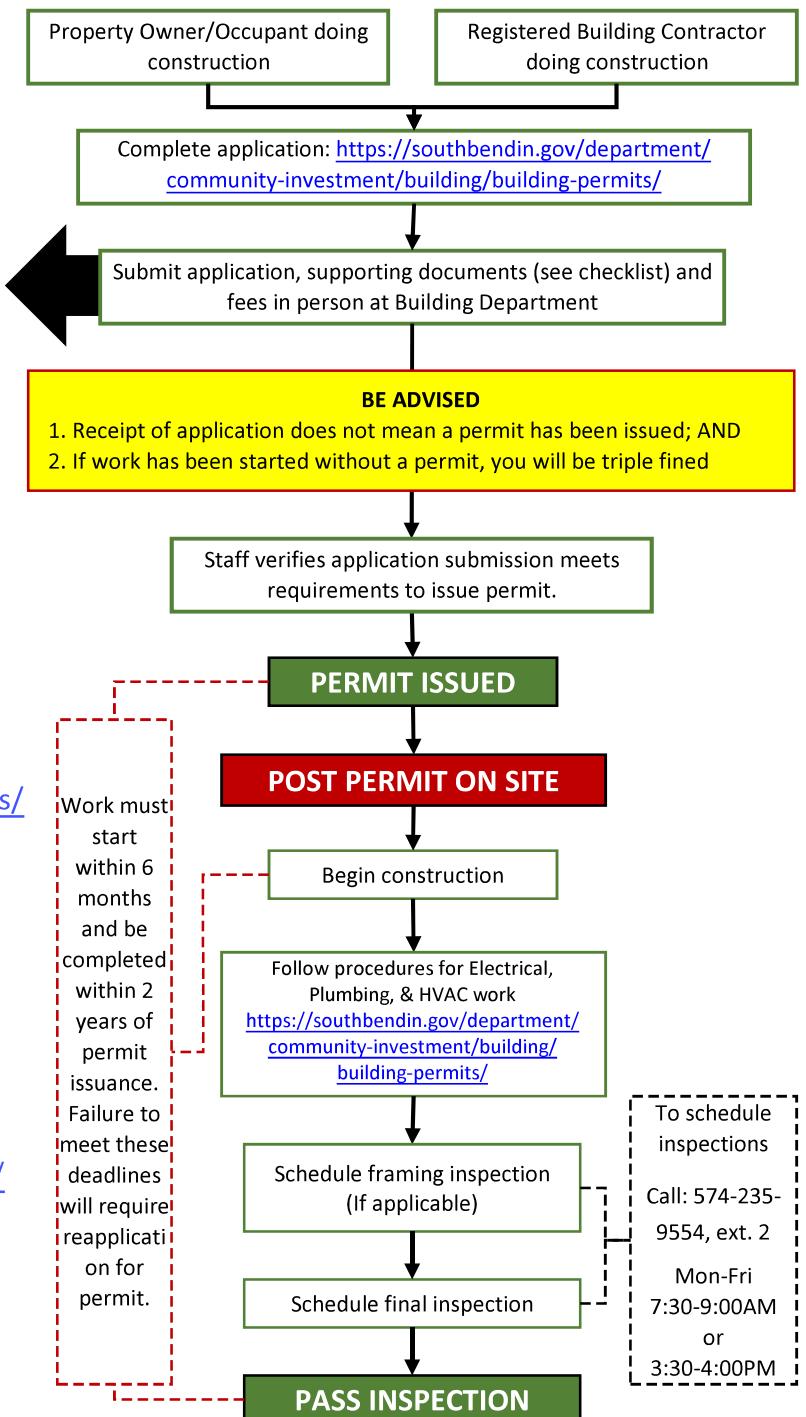
- 1. Completed Application
- 2. Special use/exception and/or variance approvals if applicable
- 3. Signed contract showing estimated cost of construction
- 4. All contractors involved in the project- building, electrical, plumbing, and HVAC. (on application form)
- 5. Energy Code Certification if applicable
- 6. For finished basement applicable affidavit sign by property owner
- 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 Districts Map: <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/>



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**CITY RESIDENTIAL SIDING PERMIT APPLICATION**

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

PAYMENT:

CHECK # CARD CASH **PROPOSED  
PROJECT  
ADDRESS:**

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Address 

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City 

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Zip 

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Township**PROPERTY OWNER:** 

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**PHONE NUMBER:** 

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**EMAIL:** 

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**MAILING ADDRESS:**

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Address 

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City 

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State 

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Zip**\*SIGNED CONTRACT SHOWING COST OF CONSTRUCTION MUST BE PROVIDED UPON APPLICATION SUBMITTAL\*****COST OF CONSTRUCTION: \$** 

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**\*Vinyl siding prohibited  
in NC and DT districts****INCLUDES SOFFIT/FASCIA:** YES  NO **BUILDING CONTRACTOR:** 

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OR OWNER AS CONTRACTOR **PHONE:** 

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**EMAIL:** 

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**ADDRESS:**

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Address 

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City 

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State 

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Zip**\*All contractors must be registered with our department. For more information on this go to  
<http://www.southbendin.gov/government/content/contractor-licenses-0>****\*Application can be emailed to us at [building@southbendin.gov](mailto: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.

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**APPLICANT SIGNATURE**

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**DATE**

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**PRINT NAME**

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**ORG/BUSINESS OR OWNER**

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**PHONE**

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**EMAIL****EXCELLENCE I ACCOUNTABILITY I INNOVATION I INCLUSION I EMPOWERMENT**