



St. Joseph County | City of South Bend
BUILDING DEPARTMENT
CITY WINDOWS/DOORS PERMIT APPLICATION

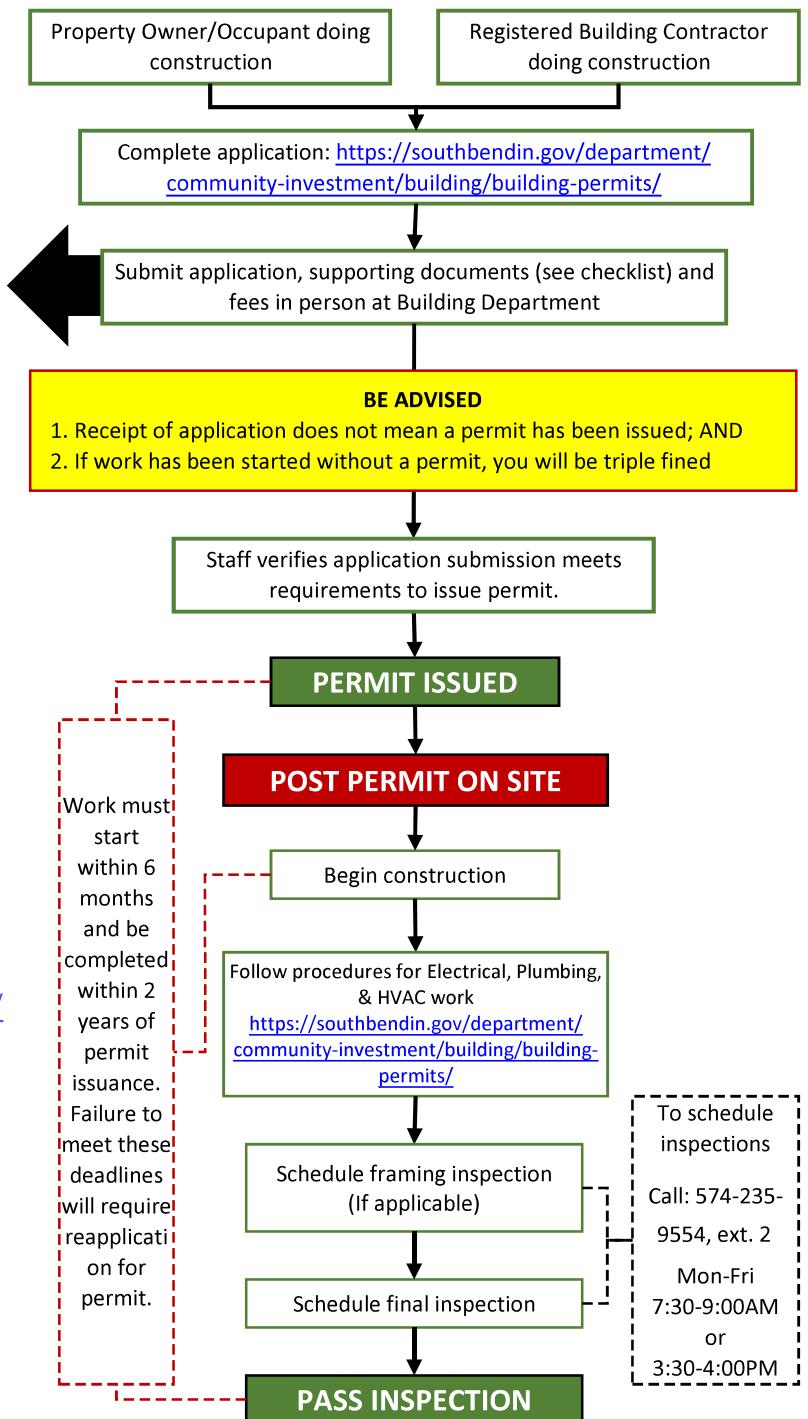
CITY WINDOWS/DOORS PERMIT CHECKLIST

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

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



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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 WINDOWS/DOORS 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 _____

****IF THE PROPERTY OWNER WILL NOT BE PERFORMING THIS WORK AND A CONTRACTOR IS BEING HIRED,
SIGNED CONTRACT SHOWING COST OF CONSTRUCTION MUST BE PROVIDED UPON APPLICATION SUBMITTAL*******TOTAL COSTRCTION 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 **SCOPE OF PROJECT:**WINDOWS- REPLACEMENT ONLY? YES NO DOORS- REPLACEMENT ONLY? YES NO ***IF YOU ARE CLOSING OFF OR ALTERING THE SIZE OF ANY EXISTING WINDOWS/DOORS FACING THE FRONT
AND/OR CORNER OF LOT, BE SURE TO PROVIDE ELEVATION PLANS SHOWING TRANSPARENCY.
QUESTIONS REGARDING TRANSPARENCY CAN BE DIRECTED TO [CITY ZONING](#).**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

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**CITY WINDOWS/DOORS PERMIT APPLICATION**

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

Address _____ City _____ State _____ Zip _____

SUB-CONTRACTORS:

Electrical Contractor: _____

N/A

Plumbing Contractor: _____

N/A

HVAC Contractor: _____

N/A

Other: _____

Scope of Work: _____

***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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