



ST. JOSEPH COUNTY

CITY OF SOUTH BEND



BUILDING DEPARTMENT

COMMERCIAL ROOFING/SIDING PERMIT APPLICATION FORM

PROPOSED PROJECT ADDRESS:

Address _____ City _____ Zip _____

PROPERTY OWNER:

PHONE NUMBER:

_____ EMAIL: _____

MAILING ADDRESS:

Address _____ City _____ State _____ Zip _____

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

CONSTRUCTION COST: \$ _____ \$ _____ \$ _____

ROOF TEAR-OFF

ROOF OVERLAY

SIDING

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

EXCELLENCE | ACCOUNTABILITY | INNOVATION | INCLUSION | EMPOWERMENT