



ST. JOSEPH COUNTY

CITY OF SOUTH BEND



PAYMENT: CHECK # CARD ☐ CASH ☐

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

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