

St. Joseph County | City of South Bend  
**BUILDING DEPARTMENT**  
**COUNTY CHIMNEY PERMIT APPLICATION**

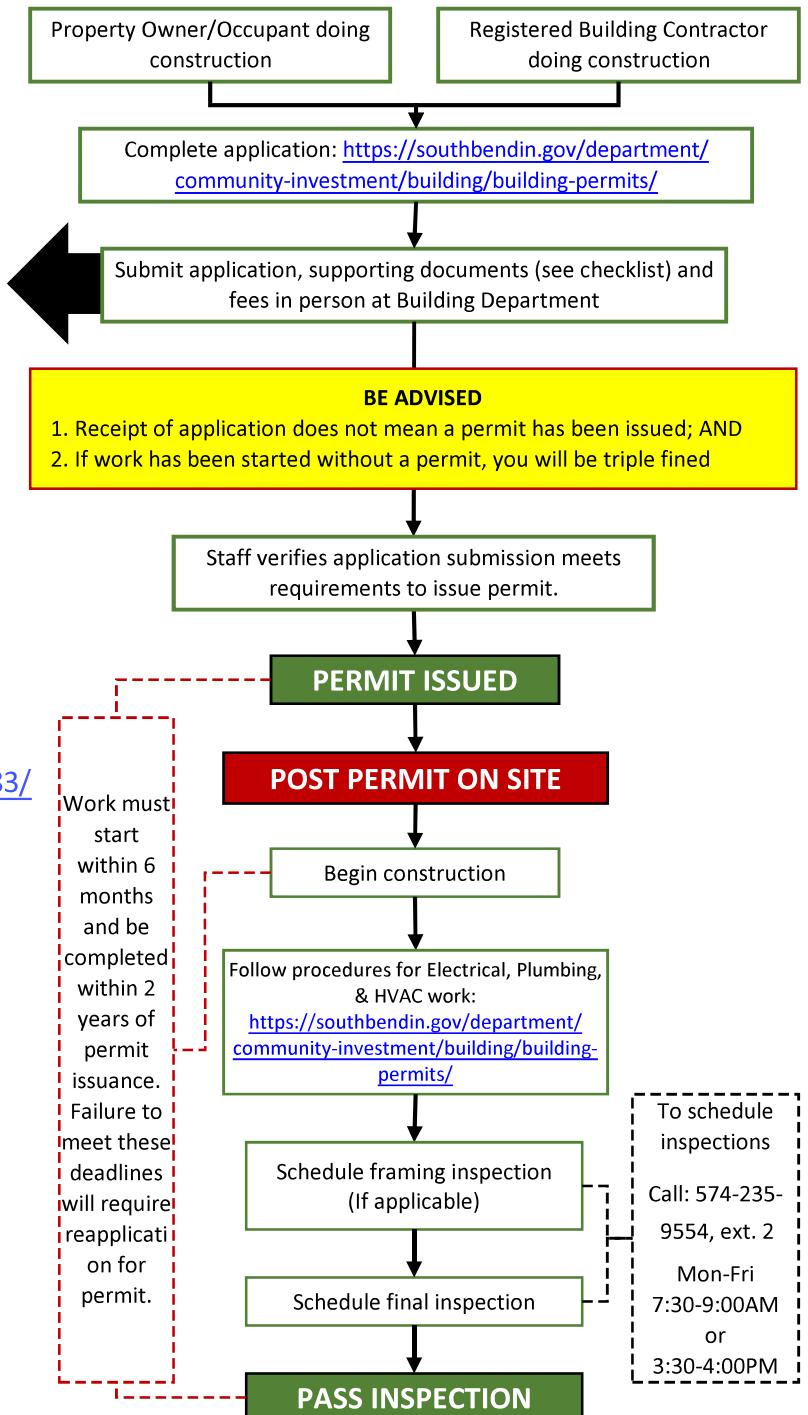
### COUNTY CHIMNEY PERMIT CHECKLIST

- 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

County Zoning Website: <https://www.sjcindiana.gov/1883/Planning-Zoning>

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



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**COUNTY CHIMNEY 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 \_\_\_\_\_

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

**COST OF CONSTRUCTION: \$** \_\_\_\_\_**BUILDING CONTRACTOR:** \_\_\_\_\_**OR OWNER AS CONTRACTOR** **PHONE:** \_\_\_\_\_**ADDRESS:** \_\_\_\_\_**EMAIL:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ 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.

**APPLICANT SIGNATURE** \_\_\_\_\_**DATE** \_\_\_\_\_**PRINT NAME** \_\_\_\_\_**ORG/BUSINESS OR OWNER** \_\_\_\_\_**PHONE** \_\_\_\_\_**EMAIL** \_\_\_\_\_

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