## COUNTY RESIDENTIAL ROOFING PERMIT CHECKLIST
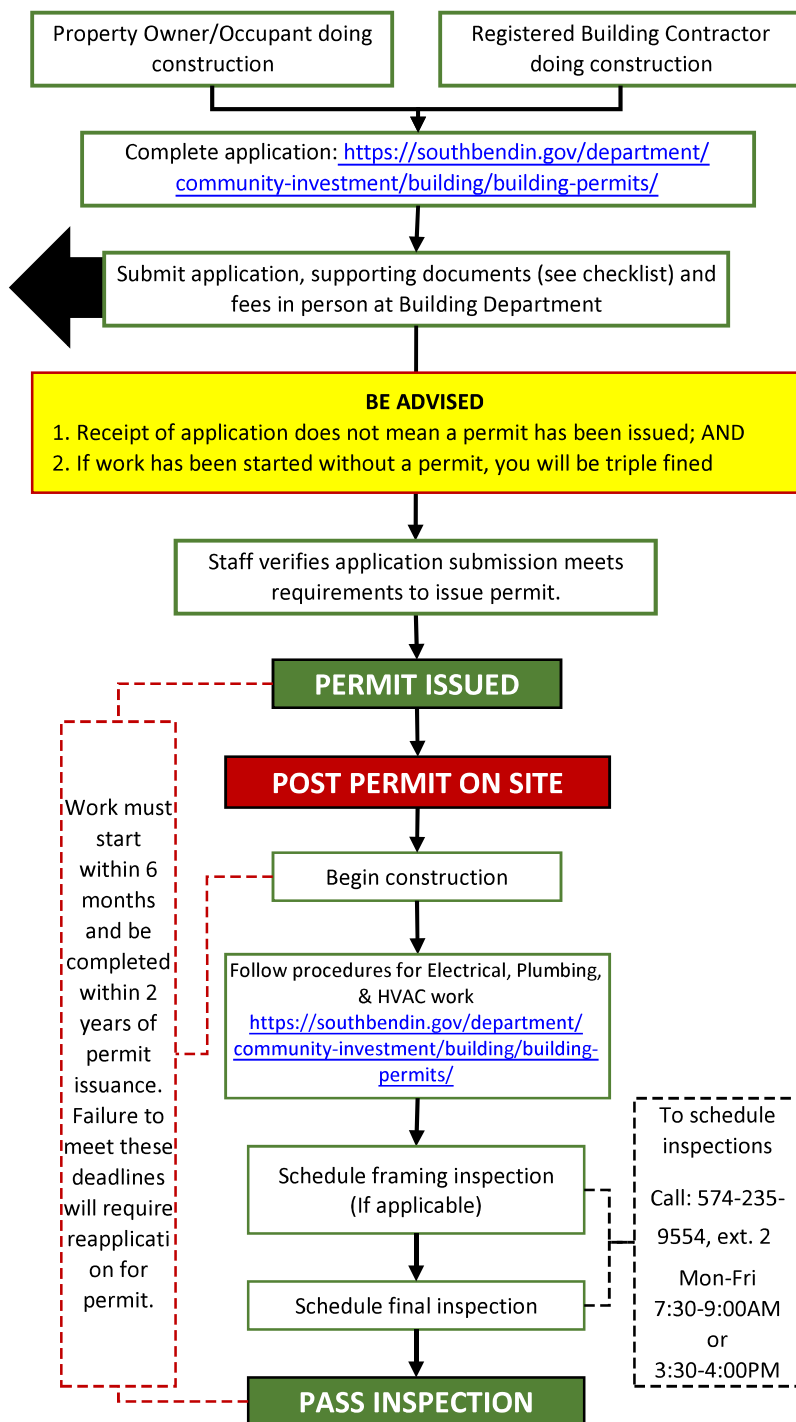
- [ ] 1. Completed Application
- [ ] 2. Special use/exception and/or variance approvals if applicable
- [ ] 3. Signed contract showing estimated cost of construction
- [ ] 4. All contractors involved in the project- building, electrical, plumbing, and HVAC. (on application form)
- [ ] 5. Energy Code 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/

---

Property Owner/Occupant doing construction

Registered Building Contractor doing construction

Complete application: https://southbendin.gov/department/community-investment/building/building-permits/

Submit application, supporting documents (see checklist) and fees in person at Building Department

**BE ADVISED**
1. Receipt of application does not mean a permit has been issued; AND
2. If work has been started without a permit, you will be triple fined

Staff verifies application submission meets requirements to issue permit.

**PERMIT ISSUED**

**POST PERMIT ON SITE**

Begin construction

Follow procedures for Electrical, Plumbing, & HVAC work
https://southbendin.gov/department/community-investment/building/building-permits/

Work must start within 6 months and be completed within 2 years of permit issuance. Failure to meet these deadlines will require reapplication for permit.

Schedule framing inspection (If applicable)

Schedule final inspection

To schedule inspections

Call: 574-235-9554, ext. 2

Mon-Fri 7:30-9:00AM or 3:30-4:00PM

**PASS INSPECTION**

---

EXCELLENCE I ACCOUNTABILITY I INNOVATION I INCLUSION I EMPOWERMENT

# COUNTY RESIDENTIAL ROOFING PERMIT APPLICATION
## ST. JOSEPH COUNTY | CITY OF SOUTH BEND | BUILDING DEPARTMENT

**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:**    TEAR-OFF/RE-ROOF: $ _____    **OR**    OVERLAY: $ _____

**INCLUDES SOFFIT/FASCIA:**    YES ☐    NO ☐

**BUILDING CONTRACTOR:** _____    **OR**    **OWNER AS CONTRACTOR** ☐

**PHONE:** _____    **EMAIL:** _____

**ADDRESS:**

_____  _____  _____  _____
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 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 I ACCOUNTABILITY I INNOVATION I INCLUSION I EMPOWERMENT