

St. Joseph County | City of South Bend
BUILDING DEPARTMENT
CITY MASONRY PERMIT APPLICATION

CITY MASONRY PERMIT CHECKLIST

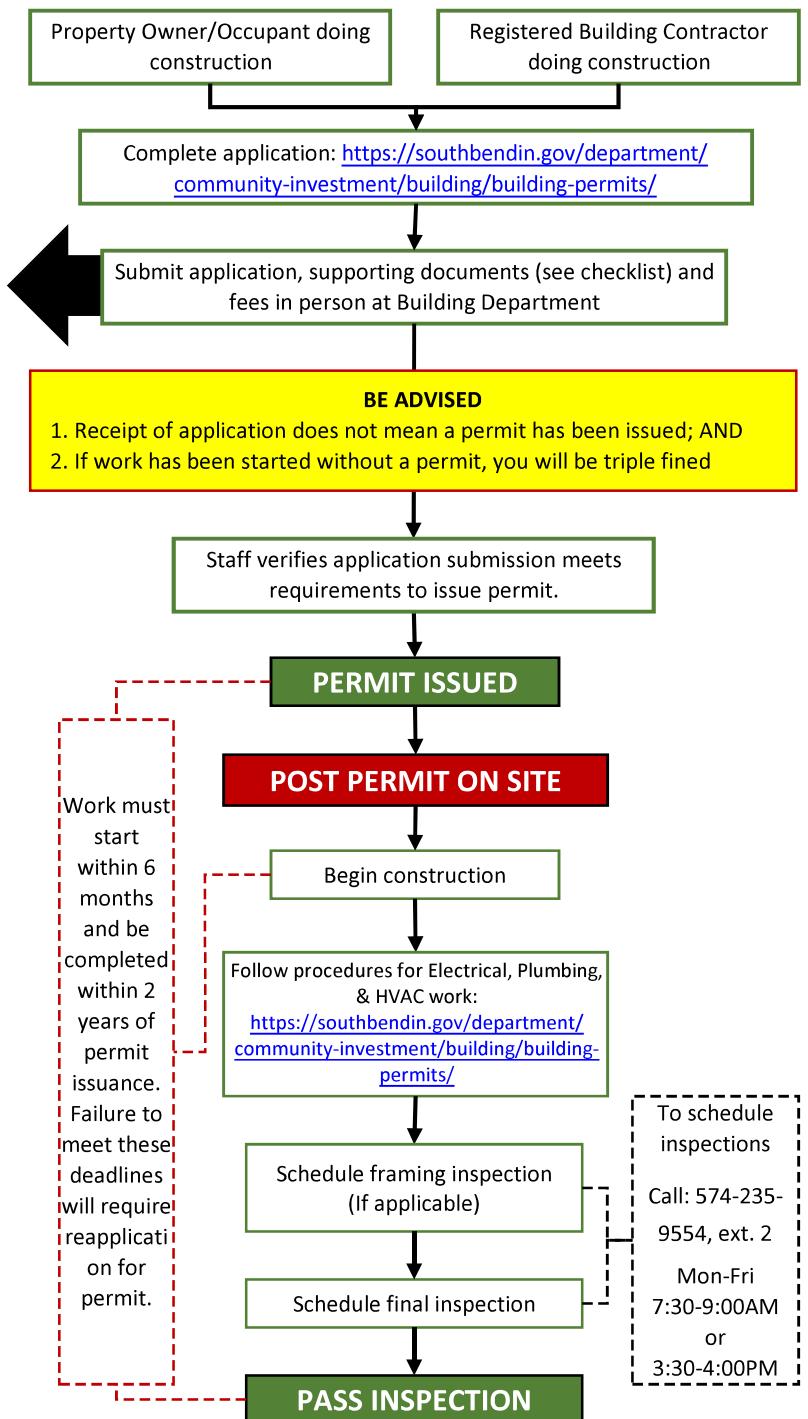
- 1. Completed Application
- 2. Special use/exception and/or variance approvals if applicable
- 3. Signed contract showing estimated cost of construction
- 4. All contractors involved in the project—building, electrical, plumbing, and HVAC. (on application form)
- 5. Energy Code Certification if applicable
- 6. For finished basement applicable affidavit sign by property owner
- 7. Application fee **SEE FEE SCHEDULE FOR APPLICABLE PERMIT FEES

USEFUL LINKS

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

Zoning Districts Map: <https://southbend.maps.arcgis.com/apps/webappviewer/index.html?id=d95daf77ca50463cb62738d2f88a62b1>

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



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**CITY MASONRY PERMIT APPLICATION**

ST. JOSEPH COUNTY | CITY OF SOUTH BEND | BUILDING DEPARTMENT

PAYMENT: **CHECK #** **CARD** **CASH** *WE DO NOT ACCEPT
AMERICAN EXPRESS *EXACT PAYMENTS MAY BE
REQUIRED IF WE ARE UNABLE
TO MAKE CHANGE FOR CASH
PAYMENTS**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 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**215 S. Martin Luther King Jr. Blvd. | Suite 100 | South Bend, IN 46601 | p. 574.235.9554 | f. 574.235.5541 |
www.southbendin.gov