



# St. Joseph County | City of South Bend

## BUILDING DEPARTMENT

### CITY HOME RENOVATION PERMIT APPLICATION

#### CITY HOME RENOVATION PERMIT CHECKLIST

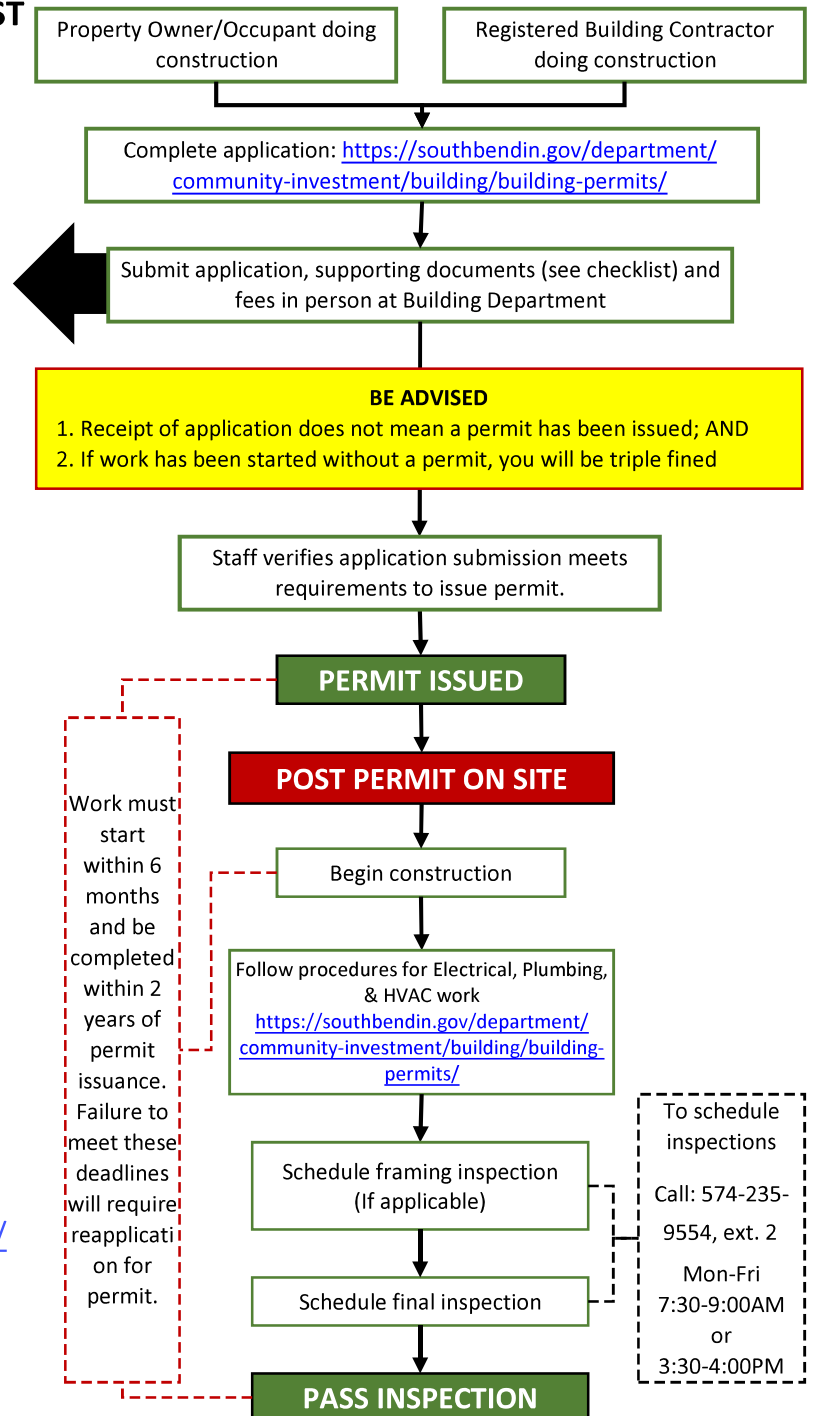
1. Completed Application
2. Special use/exception and/or variance approvals if applicable
3. Signed contract showing estimated cost of construction
4. All contractors involved in the project-building, electrical, plumbing, and HVAC. (on application form)
5. [Energy Code Certification](#) if applicable
6. **\*Elevation plans showing Transparency, including window dimensions** (2nd story, towards front/corner of lot, closing or altering the size of existing windows)
7. Application fee **\*\*SEE FEE SCHEDULE FOR APPLICABLE PERMIT FEES**

#### USEFUL LINKS

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

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

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



EXCELLENCE | ACCOUNTABILITY | INNOVATION | INCLUSION | EMPOWERMENT



# CITY HOME RENOVATION PERMIT APPLICATION

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

PAYMENT:

CHECK #

CARD

CASH

WE DO NOT ACCEPT  
AMERICAN EXPRESS  
EXACT PAYMENT MAY BE  
REQUIRED IF WE ARE UNABLE  
TO MAKE CHANGE FOR CASH  
PAYMENTS

**\*IF APPLYING FOR A DUPLEX RENOVATION, PLEASE COMPLETE 2 APPS (1 FOR EACH UNIT)**

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\***

TOTAL COSTRUCTION COST: \$

**\*If adding square footage, please also complete Addition or Accessory Application listing Construction Cost\***

DUE TO FIRE DAMAGE: YES ☐ NO ☐ DUE TO STORM DAMAGE: YES ☐ NO ☐

☐ KITCHEN REMODEL ☐ WINDOWS- REPLACEMENT ONLY? YES ☐ NO ☐  
☐ BATHROOM REMODEL ☐ DOORS- REPLACEMENT ONLY? YES ☐ NO ☐  
☐ WHOLE HOUSE REMODEL ☐ DRYWALL  
☐ OTHER DESCRIPTION NOT LISTED: \_\_\_\_\_

**\*BE SURE TO PROVIDE ELEVATION PLANS SHOWING TRANSPARENCY WHEN APPLICABLE**

**(2ND STORY, TOWARDS FRONT/CORNER OF LOT, CLOSING OR ALTERING THE SIZE OF EXISTING WINDOWS)**

DOES THIS PROJECT INCLUDE ANY WORK IN THE BASEMENT? YES ☐ NO ☐

**\*IF YES, WILL AN EGRESS WINDOW BE INSTALLED AS A PART OF THIS RENOVATION?** YES ☐ NO ☐

**\*IF NOT, PLEASE INITIAL THAT AN APPROPRIATE MEANS OF EGRESS ALREADY EXISTS WHERE APPLICABLE**

OWNER ☐ CONTRACTOR ☐

INITIALS

**\*PLEASE NOTE THAT THE HEALTH DEPARTMENT MAY NEED TO BE NOTIFIED OF ADDITIONAL BEDROOMS OR PLUMBING IN THE BASEMENT @ (574)235-9750.**

**IF THIS PROJECT INCLUDES ANY ROOFING OR SIDING, LIST SEPARATE CONSTRUCTION COSTS BELOW.**

**SEPARATE FEES WILL BE DETERMINED BY THESE CONSTRUCTION COSTS, SEPARATE FROM RENOVATION FEE.**

TEAR-OFF/RE-ROOF \$ \_\_\_\_\_ ROOF OVERLAY \$ \_\_\_\_\_ SIDING \$ \_\_\_\_\_

**\*Vinyl siding prohibited  
in NC and DT districts**

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**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](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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