

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

CITY HOME RENOVATION PERMIT CHECKLIST

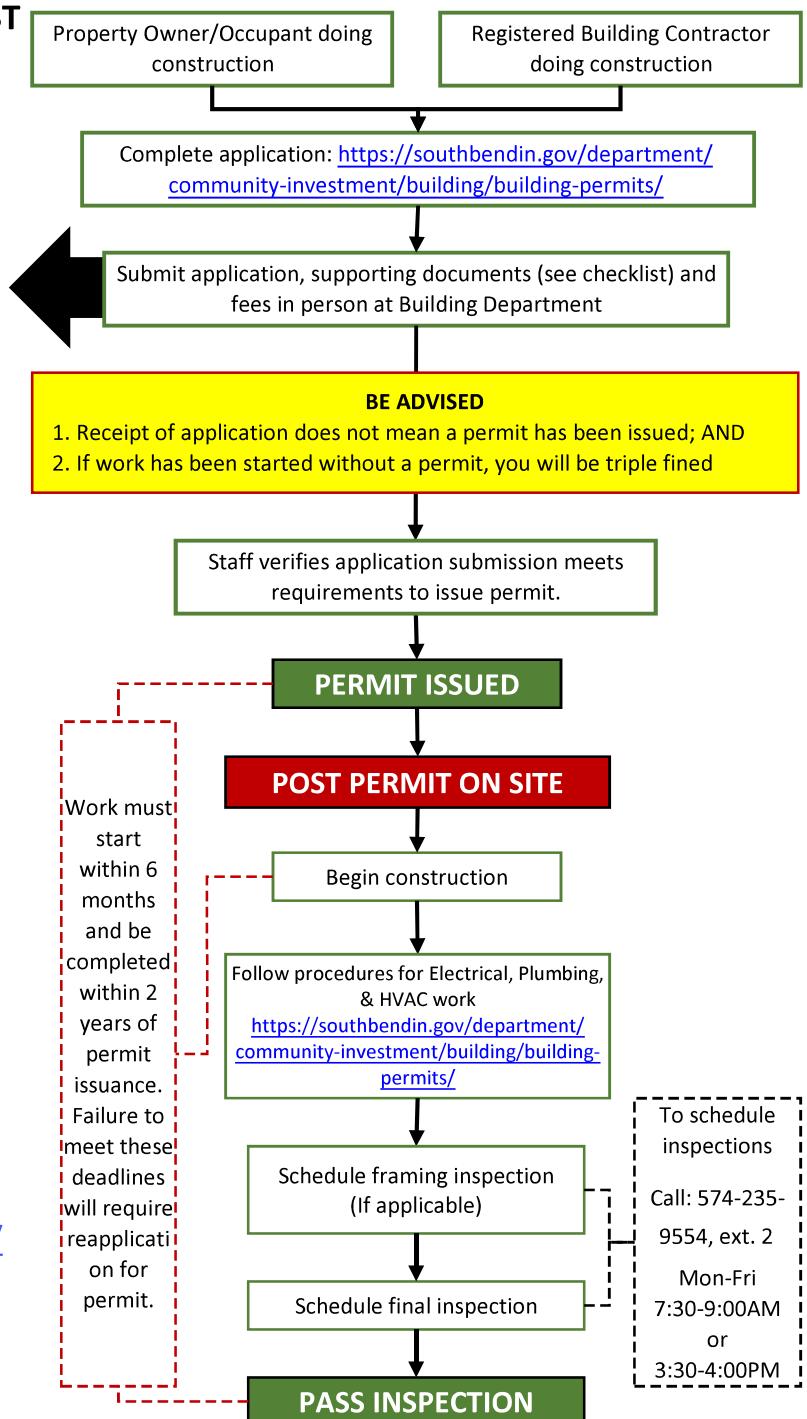
1. Completed Application
2. Special use/exception and/or variance approvals if applicable
3. Signed contract showing estimated cost of construction
4. All contractors involved in the project- building, electrical, plumbing, and HVAC. (on application form)
5. **Energy Code Certification** if applicable
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/department/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/department/community-investment/planning-community-resources/historic-preservation-commission/>



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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 CONSTRUCTION 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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**CITY HOME RENOVATION PERMIT APPLICATION**

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

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

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215 S. Martin Luther King Jr. Blvd. | Suite 100 | South Bend, IN 46601 | p. 574.235.9554 | f. 574.235.5541 | www.southbendin.gov