



St. Joseph County | City of South Bend  
**BUILDING DEPARTMENT**  
**CITY RESIDENTIAL ROOFING PERMIT APPLICATION**

### RESIDENTIAL ROOFING PERMIT CHECKLIST

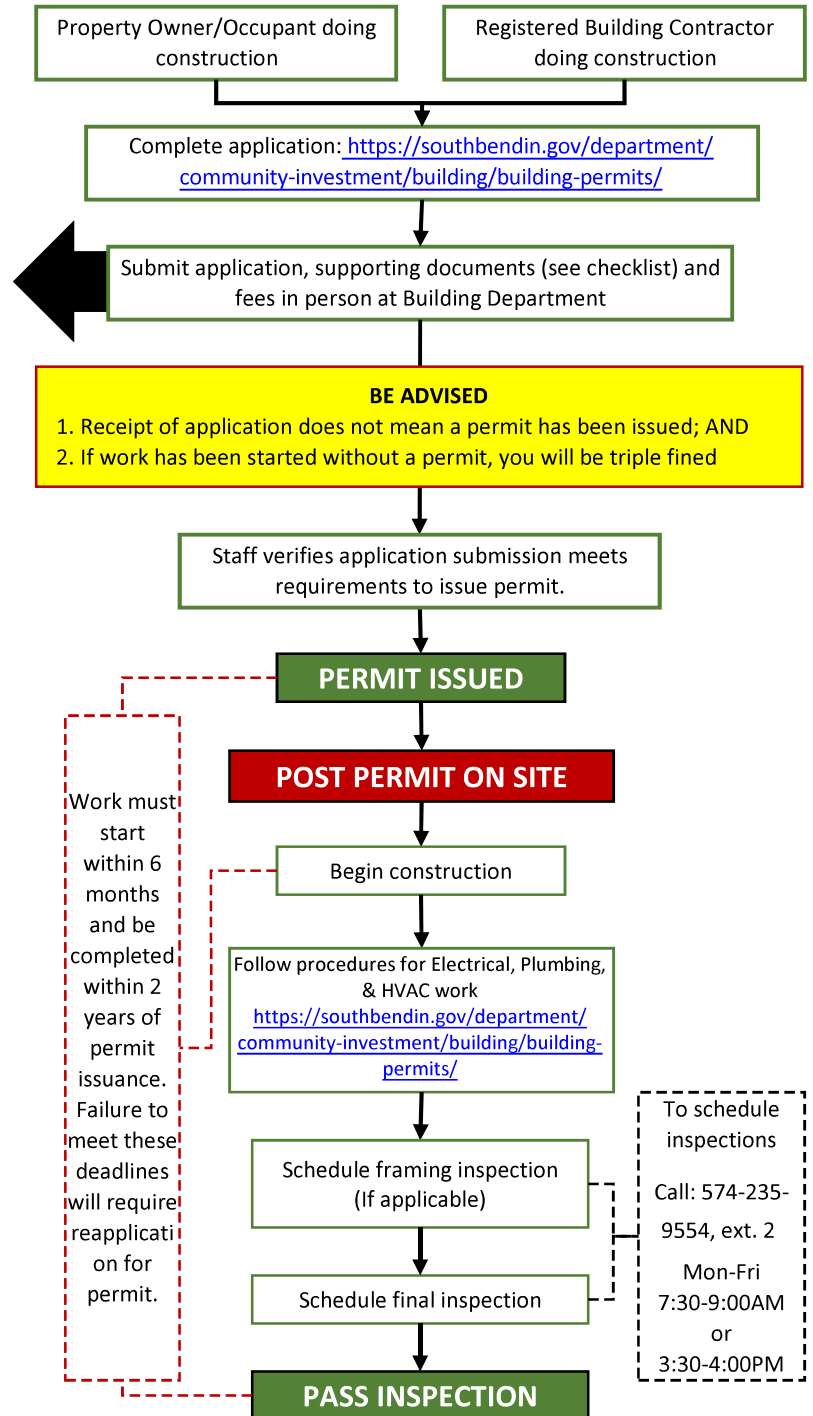
1. Completed Application
2. Special use/exception and/or variance approvals if applicable
3. Signed contract showing estimated cost of construction
4. All contractors involved in the project-building, electrical, plumbing, and HVAC. (on application form)
5. Energy Code Certification if applicable
6.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

### USEFUL LINKS

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

Zoning District Map: <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/>



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## CITY RESIDENTIAL ROOFING 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

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](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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