

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

**CITY RESIDENTIAL SIDING PERMIT
CHECKLIST**

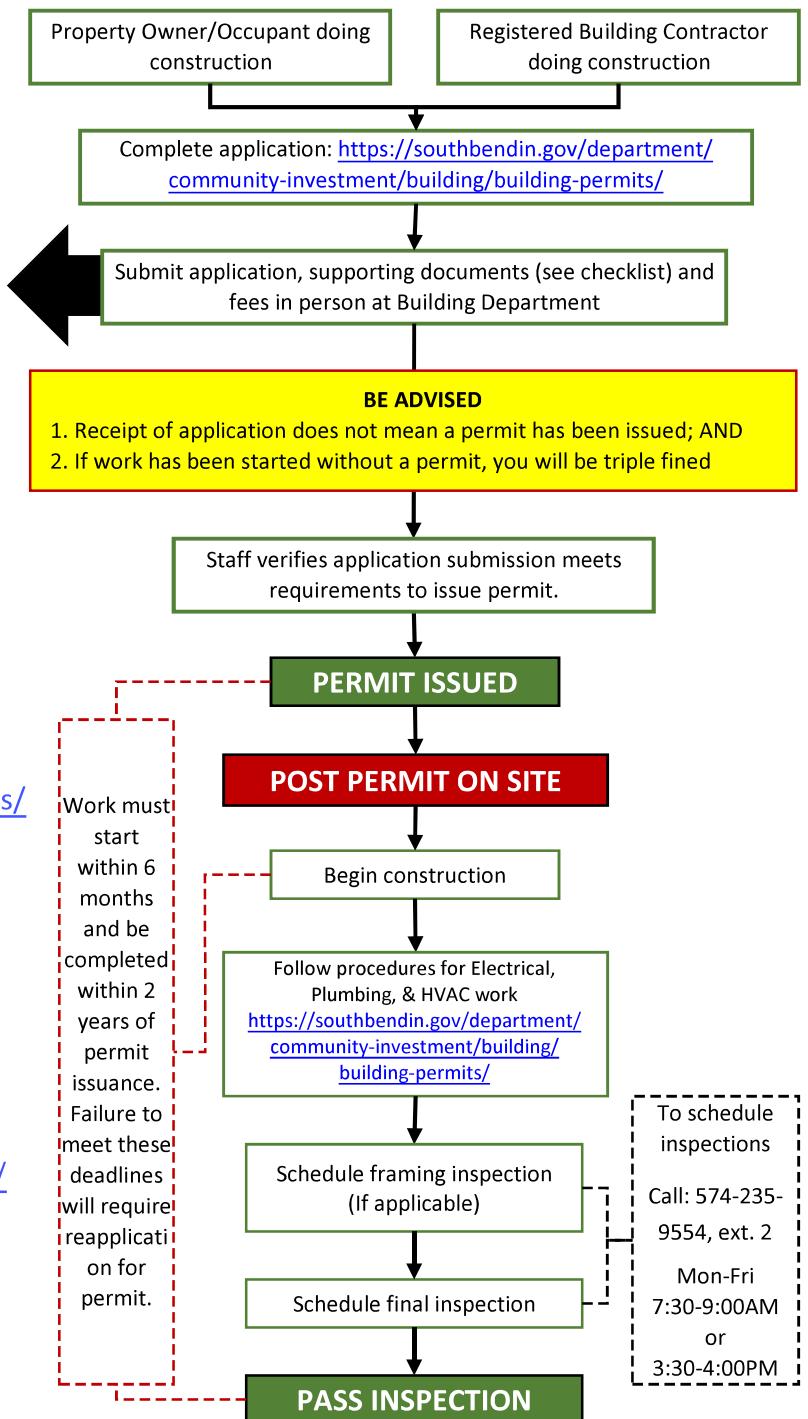
1. Completed Application
2. Special use/exception and/or variance approvals if applicable
3. Signed contract showing estimated cost of construction
4. All contractors involved in the project- building, electrical, plumbing, and HVAC. (on application form)
5. Energy Code Certification if applicable
6. 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/>



EXCELLENCE | ACCOUNTABILITY | INNOVATION | INCLUSION | EMPOWERMENT



CITY RESIDENTIAL SIDING 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: \$ _____

*Vinyl siding prohibited
in NC and DT districts

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

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