

# St. Joseph County | City of South Bend

## BUILDING DEPARTMENT

### CITY RESIDENTIAL SWIMMING POOL PERMIT APPLICATION

#### CITY RESIDENTIAL SWIMMING POOL PERMIT CHECKLIST

1. Completed Application
2. Site plan showing
  - a. size of property
  - b. size and location of all structures on property
  - c. size and location of proposed accessory structure
  - d. If parcel is under 3 acres, it must be drawn to an engineer scale (no smaller than 1/8")
3. Special use/exception and/or variance approvals if applicable
4. Location of septic system and well on property (if applicable)
5. Signed contract showing estimated cost of construction
6. All applicable contractors involved in the project-building, electrical, plumbing, and HVAC. (on application form)
7. Application fee \*\*SEE FEE SCHEDULE FOR APPLICABLE PERMIT FEES

#### USEFUL LINKS

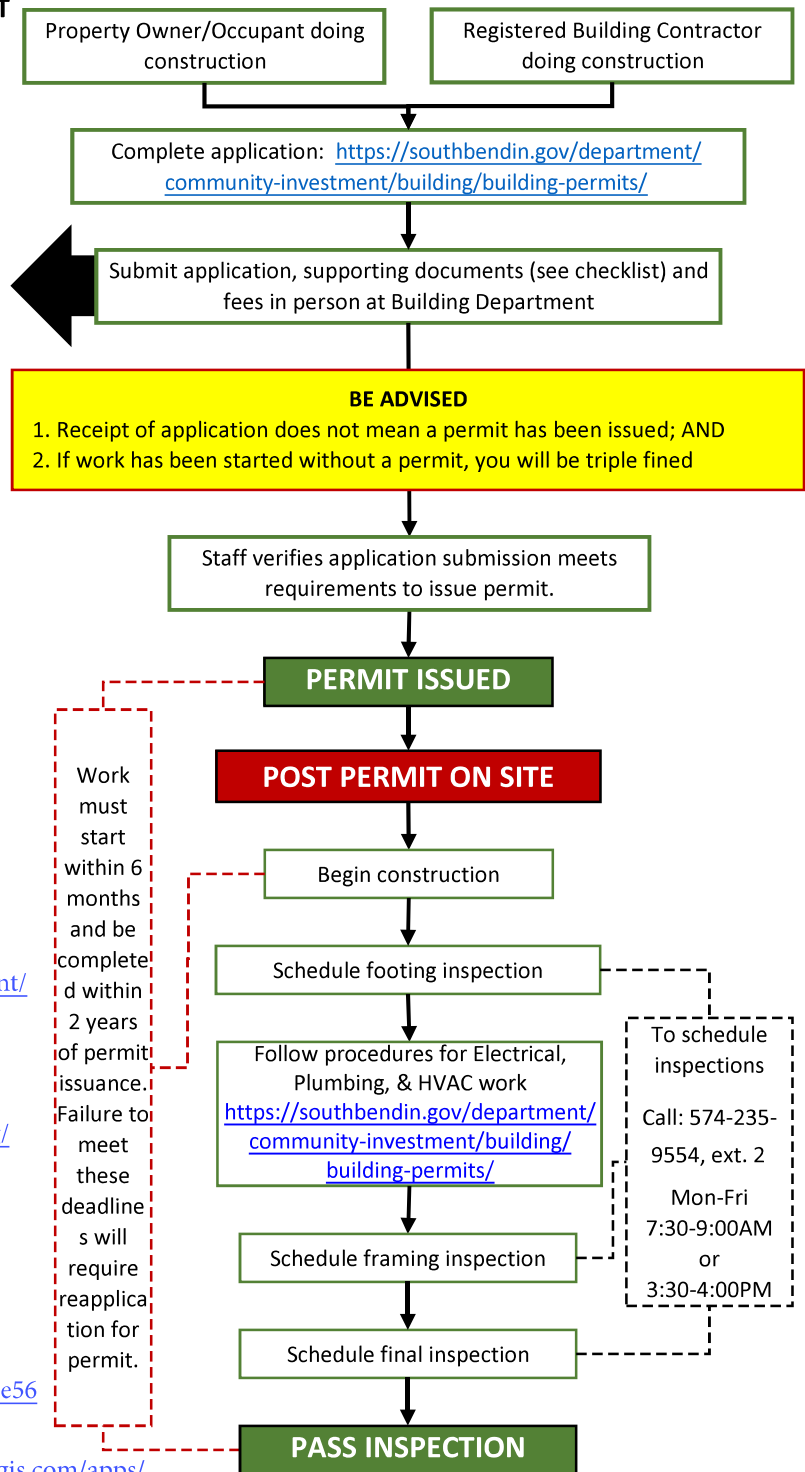
Example of site plan to scale: <https://southbendin.gov/wp-content/uploads/2025/03/SITE-PLAN-TO-SCALE.pdf>

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

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

Flood Boundaries: <https://stjocogis.maps.arcgis.com/apps/webappviewer/index.html?id=c1fc9bb75b26428db5b1684fc9aa3e56>

Ditch, Tile, & Watershed Boundaries: <https://stjocogis.maps.arcgis.com/apps/PublicInformation/index.html?appid=888fba60a1f34d609ed2451d65084698>



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**CITY RESIDENTIAL SWIMMING POOL PERMIT APPLICATION**  
**ST. JOSEPH COUNTY | CITY OF SOUTH BEND | BUILDING DEPARTMENT**

**PAYMENT:**  
**CHECK #** \_\_\_\_\_  
**CARD** ☐ WE DO NOT ACCEPT AMERICAN EXPRESS  
**CASH** ☐ 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\***

**TOTAL COSTRUCTION COST: \$** \_\_\_\_\_

**PROJECT SIZE:**

Swimming Pool (sq/ft) \_\_\_\_\_ Deck at or over 30" above grade (sq/ft) \_\_\_\_\_  
(Water depth at least 42")

**EXISTING**

**STRUCTURES:**

Primary Structure (sq/ft) \_\_\_\_\_ Accessory Buildings (sq/ft) \_\_\_\_\_ Other (sq/ft) \_\_\_\_\_

**VARIANCE, SPECIAL USE/ EXCEPTION APPROVAL DATE, IF APPLICABLE\*:** \_\_\_\_\_

**\*PLEASE PROVIDE APPROVAL LETTER**

**PROPOSED  
ACCESSORY  
SETBACKS:**

Front Lot Line (ft) \_\_\_\_\_ Side Lot line (ft) \_\_\_\_\_ Side Lot line (ft) \_\_\_\_\_ Rear lot line (ft) \_\_\_\_\_ Other (ft) \_\_\_\_\_

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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](http://www.southbendin.gov)



# CITY RESIDENTIAL SWIMMING POOL PERMIT APPLICATION

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

## BUILDING

CONTRACTOR: \_\_\_\_\_ OR OWNER AS CONTRACTOR ☐

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Address City State Zip

## SUB-CONTRACTORS:

Electrical Contractor: \_\_\_\_\_ N/A ☐

Plumbing Contractor: \_\_\_\_\_ N/A ☐

HVAC Contractor: \_\_\_\_\_ N/A ☐

Other: \_\_\_\_\_ Scope of Work: \_\_\_\_\_

Other: \_\_\_\_\_ Scope of Work: \_\_\_\_\_

Other: \_\_\_\_\_ Scope of Work: \_\_\_\_\_

Other: \_\_\_\_\_ Scope of Work: \_\_\_\_\_

Other: \_\_\_\_\_ Scope of Work: \_\_\_\_\_

**\*All contractors must be licensed and/or 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 true and accurate to the best of my knowledge.

The Owner or Assignee obtaining this permit is responsible for determining the location of the property lines and conforming with the setback, height, and all other requirements of the Zoning Ordinance. Also, the restrictive covenant relating to the property may be more restrictive and should be checked.

The undersigned Owner or Assignee does hereby accept the above responsibility.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
ORG/BUSINESS OR OWNER

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL

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