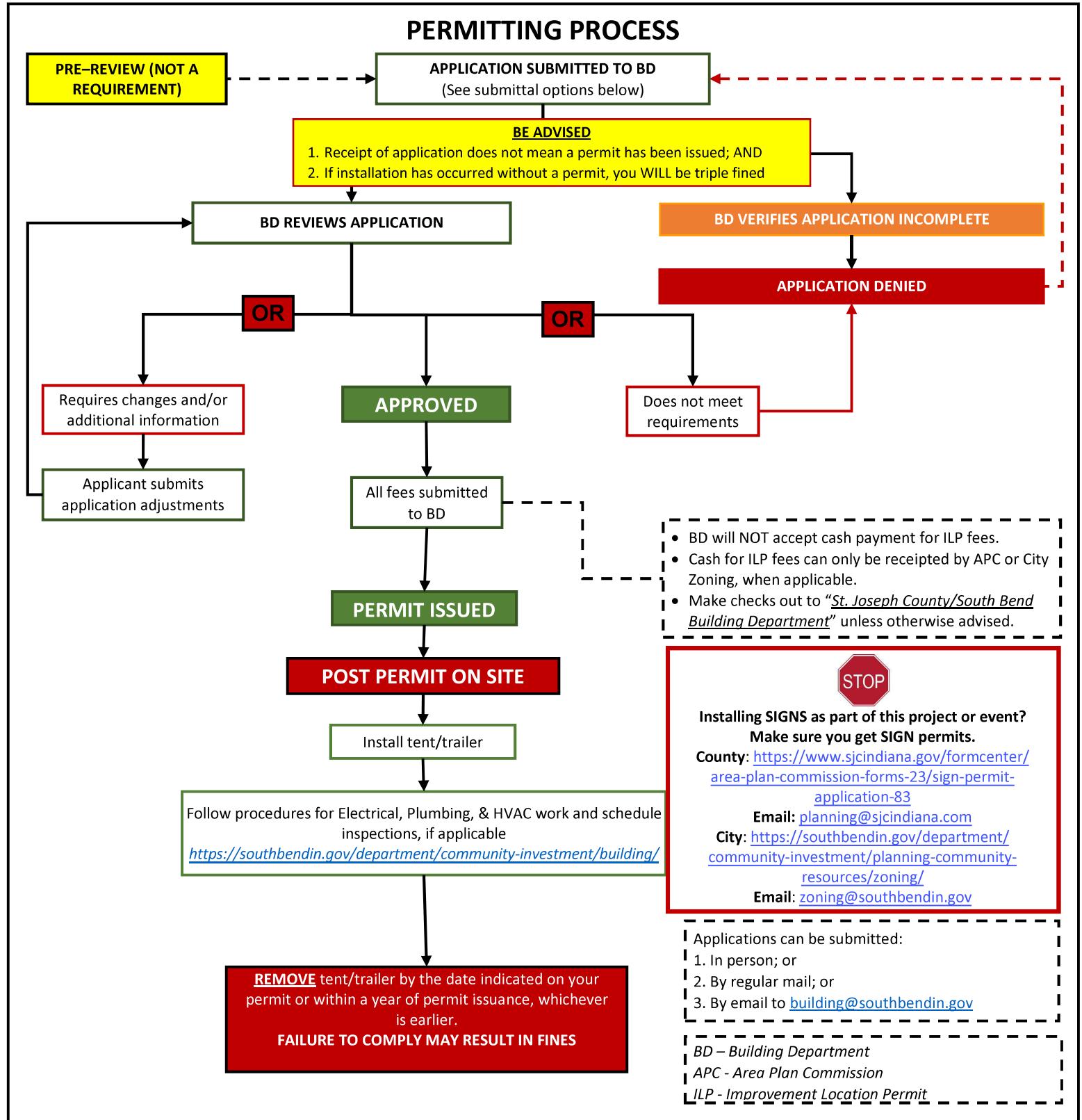


St. Joseph County | City of South Bend
BUILDING DEPARTMENT
CITY RESIDENTIAL TEMPORARY TENT/TRAILER/ACCESSORY APPLICATION





CITY RESIDENTIAL TEMPORARY TENT/TRAILER/ACCESSORY 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

TEMPORARY TENT/TRAILER/ACCESSORY PERMIT CHECKLIST

- 1. Completed Application
(IF APPLYING FOR MULTIPLE TENTS/TRAILERS SUBMIT A SEPARATE APPLICATION FOR EACH STRUCTURE)
- 2. Site plan showing:
 - a. ALL property dimensions
 - b. size and location of ALL existing structures
 - c. parking spaces AND their dimensions after installation of proposed tent/trailers;
 - d. parking calculation
 - e. location of septic system(s) and well(s) (if applicable)
 - f. size and location of ALL proposed tents/trailers
 - g. setbacks of all proposed tents/trailers from property lines, existing buildings, well and septic systems;
 - h. if parcel is under 3 acres, it must be drawn to scale
 - i. An example of a site plan can be found here: <https://southbendin.gov/wp-content/uploads/2018/08/Example-of-Site-Plan.pdf>
- 3. Special use/exception and/or variance approvals if applicable
- 4. All applicable contractors involved in the project-building, electrical, plumbing, and HVAC. (on application form)
- 5. Application fee **SEE FEE SCHEDULE FOR APPLICABLE PERMIT FEES
- 6. Be sure to provide the Indiana State Seal Number for each trailer (on application form); see example:



USEFUL LINKS

- ✓ City of South Bend Zoning/Variance Applications <http://southbendin.gov/zoning>

**PROPOSED
PROJECT
ADDRESS:**

Address	City	Zip	Township
Subdivision	Section of Subdivision	Lot Number	

PROPERTY OWNER: _____

PHONE NUMBER: _____ **EMAIL:** _____

MAILING ADDRESS: _____
Address _____ City _____ State _____ Zip _____

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

**CITY RESIDENTIAL TEMPORARY TENT/TRAILER/ACCESSORY APPLICATION**

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

PERMIT TYPE: NEW RENEWAL START DATE END DATE TOTAL DAYS IN USE

"Seasonal retail sales uses shall not exceed forty-five (45) consecutive days per occurrence nor a total of one-hundred and twenty (120) days during any calendar year" § 21-03.11(b)(6)(E), and § 154.071(F)(5). In this case each 45 day or part thereof will be charged a separate permit fee.

STRUCTURE TYPE & PURPOSE: TENT TRAILER OTHER PURPOSE/USE

PARKING Parking spaces taken by temporary structure Additional parking spaces provided for temporary use **STATE SEAL NUMBER**

Parking calculation required on site plan if additional parking is NOT being provided OR spaces for existing uses are being used by temporary structure(s). Minimum of 3 parking spaces must be dedicated to each temporary structure.

EXISTING STRUCTURES: Primary Structure (sq/ft) Accessory Buildings (sq/ft) Other (sq/ft)

PROPOSED SETBACKS OF TEMPORARY STRUCTURE: Front Lot Line (ft) Side Lot line (ft) Side Lot line (ft) Rear lot line (ft) Other (ft)

BUILDING CONTRACTOR: **OR OWNER AS CONTRACTOR**

PHONE: _____ **EMAIL:** _____

ADDRESS: _____ **Address** _____ **City** _____ **State** _____ **Zip** _____

***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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