



St. Joseph County | City of South Bend  
**BUILDING DEPARTMENT**  
**CITY WINDOWS/DOORS PERMIT APPLICATION**

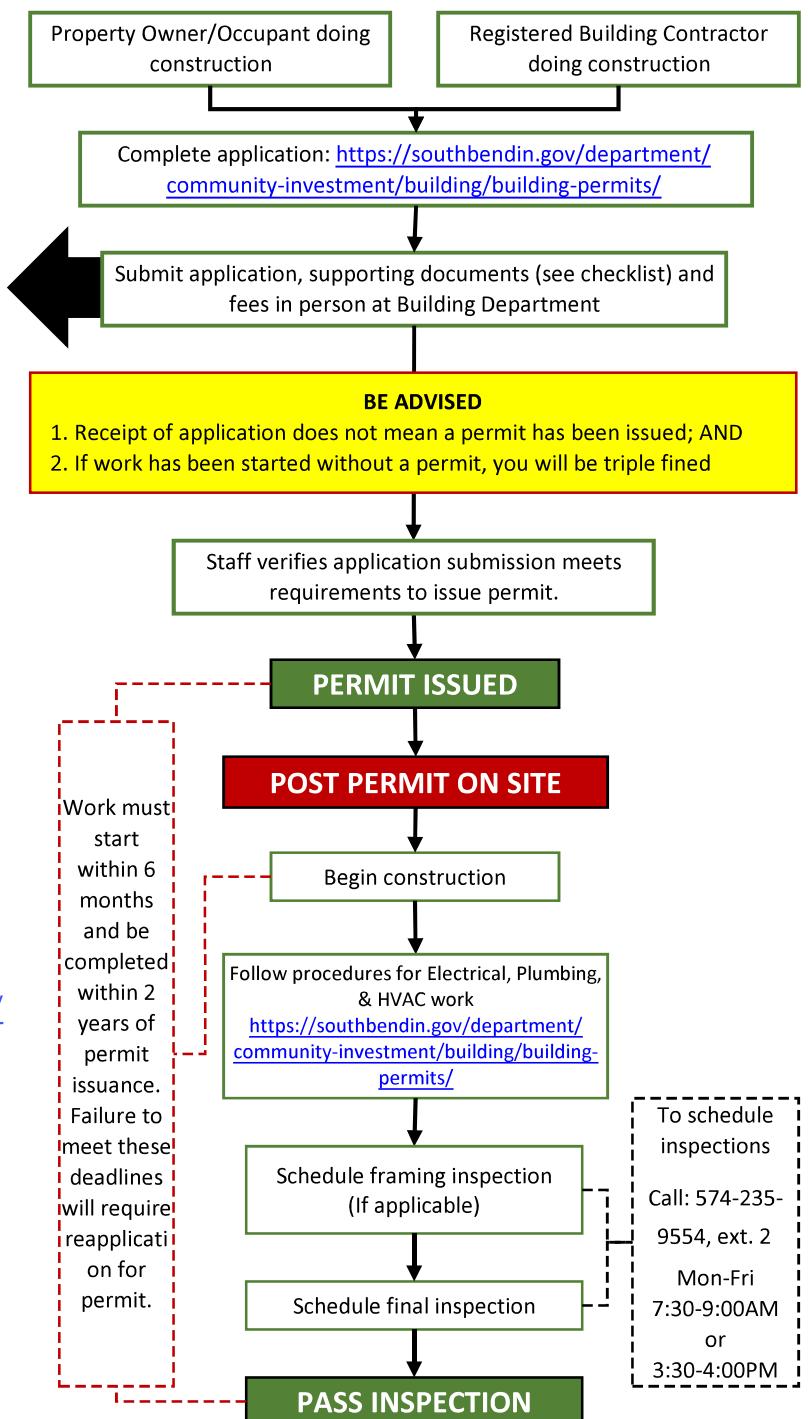
### CITY WINDOWS/DOORS PERMIT CHECKLIST

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 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/>



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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 WINDOWS/DOORS 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 \_\_\_\_\_

**\*\*IF THE PROPERTY OWNER WILL NOT BE PERFORMING THIS WORK AND A CONTRACTOR IS BEING HIRED,  
SIGNED CONTRACT SHOWING COST OF CONSTRUCTION MUST BE PROVIDED UPON APPLICATION SUBMITTAL\*\***

**\*TOTAL COSTRCTION 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**

**SCOPE OF PROJECT:**

**WINDOWS- REPLACEMENT ONLY? YES  NO**

**DOORS- REPLACEMENT ONLY? YES  NO**

**\*IF YOU ARE CLOSING OFF OR ALTERING THE SIZE OF ANY EXISTING WINDOWS/DOORS FACING THE FRONT  
AND/OR CORNER OF LOT, BE SURE TO PROVIDE ELEVATION PLANS SHOWING TRANSPARENCY.  
QUESTIONS REGARDING TRANSPARENCY CAN BE DIRECTED TO [CITY ZONING](#).**

**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**

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**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 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](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.

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**APPLICANT SIGNATURE**

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**DATE**

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**PRINT NAME**

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**ORG/BUSINESS OR OWNER**

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**PHONE**

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**EMAIL**

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