



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

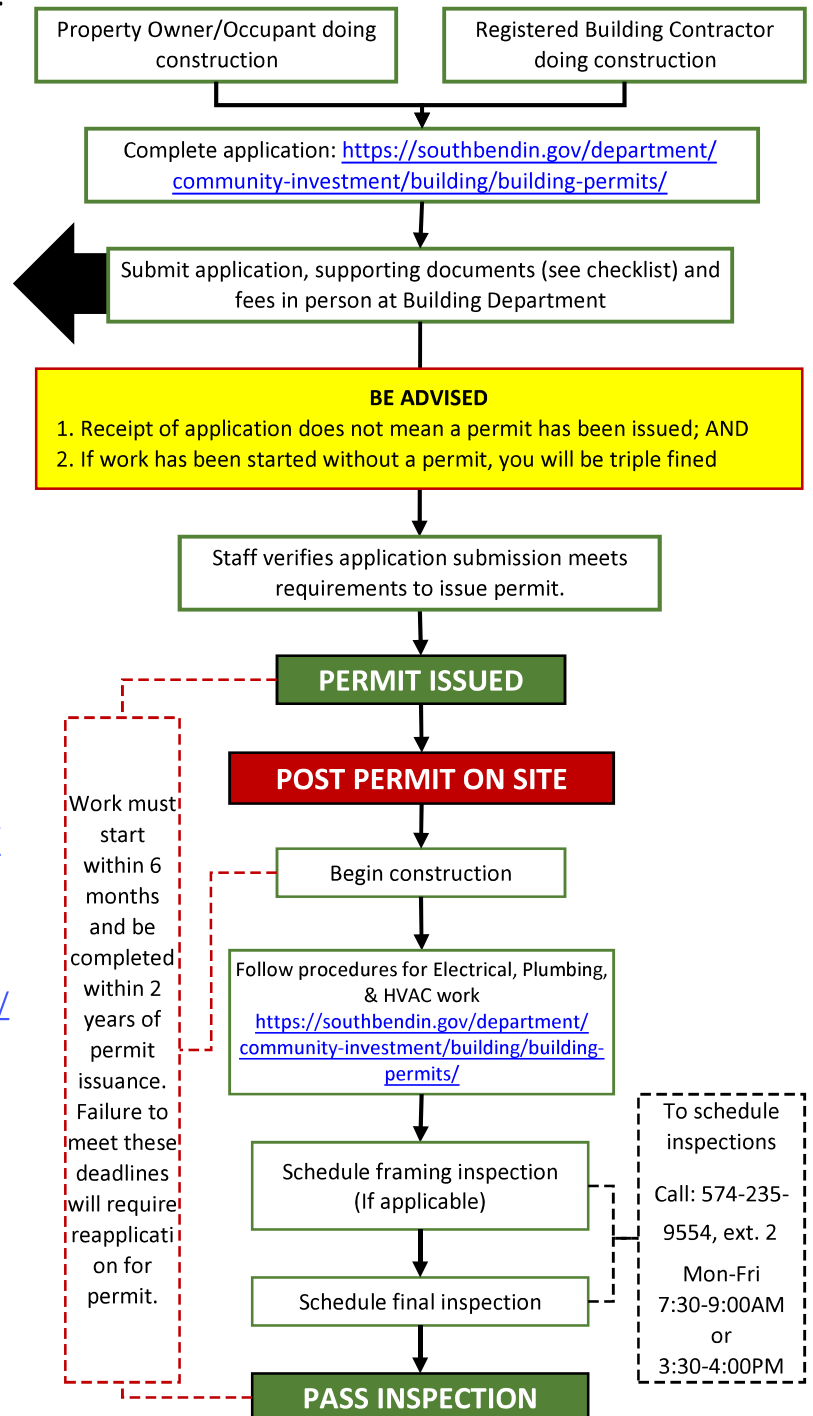
CITY WINDOWS/DOORS PERMIT CHECKLIST

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/>



EXCELLENCE | ACCOUNTABILITY | INNOVATION | INCLUSION | 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 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 COSTRUCTION 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/departments/community-investment/building-contractor-licenses/>**

***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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