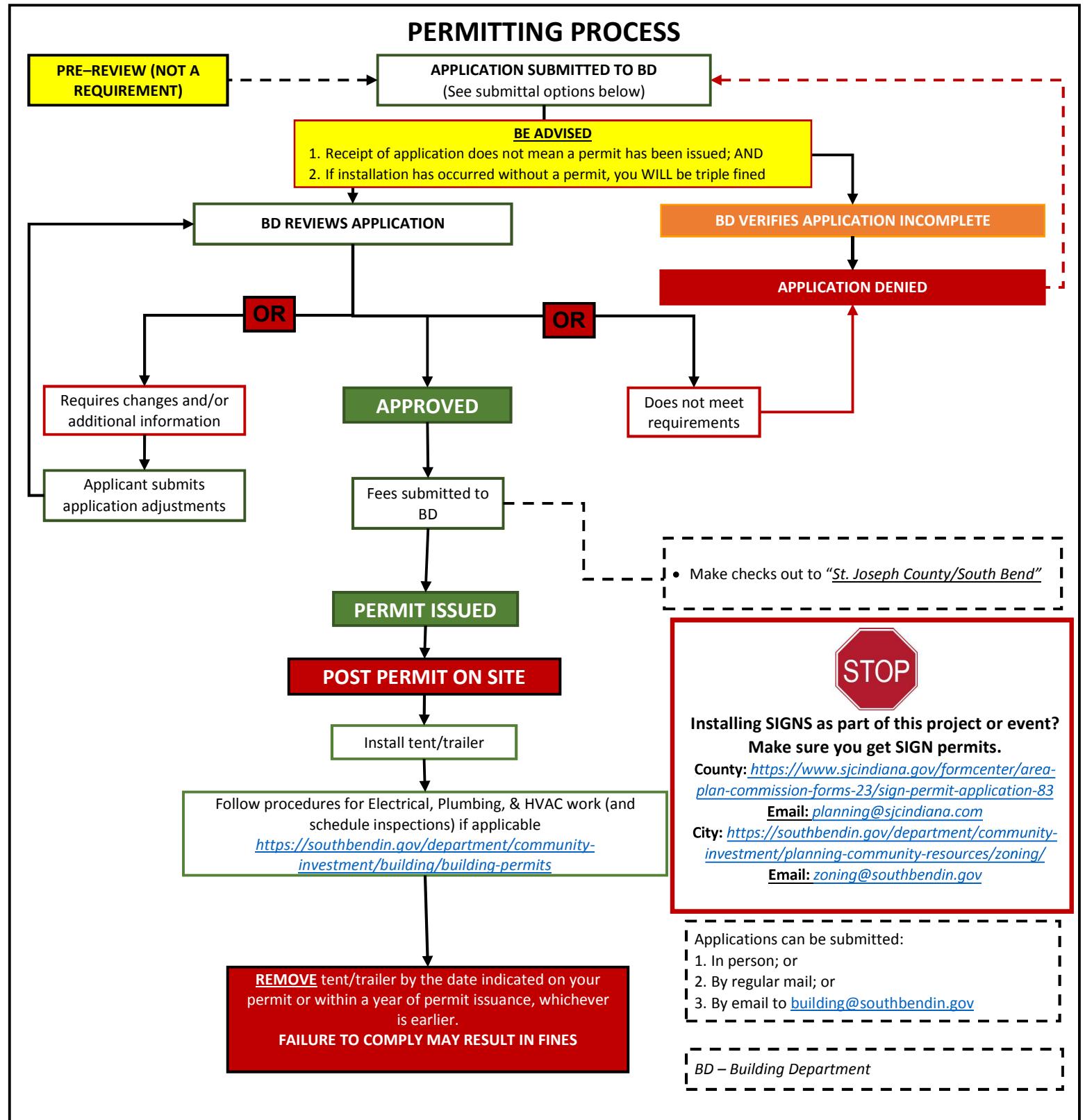


St. Joseph County | City of South Bend  
**BUILDING DEPARTMENT**  
**COMMERCIAL TEMPORARY TRAILER APPLICATION**





# COMMERCIAL 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

## COMMERCIAL TEMPORARY TRAILER PERMIT CHECKLIST

- 1. Completed Application  
(IF APPLYING FOR MULTIPLE 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 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/2025/03/SITE-PLAN-TO-SCALE.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 <https://southbendin.gov/department/community-investment/planning-community-resources/zoning/>
- ✓ St. Joseph County Zoning/Variance Applications <https://www.sjcindiana.gov/1883/Planning-Zoning>

**PROPOSED  
PROJECT  
ADDRESS:**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Township \_\_\_\_\_

**ZONING:** \_\_\_\_\_

**OVERLAY/NNZO:**

Yes

No

**HISTORIC DISTRICT:**

Yes

No

**PROPERTY OWNER:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**EXCELLENCE | ACCOUNTABILITY | INNOVATION | INCLUSION | EMPOWERMENT**



**COMMERCIAL 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](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.

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

**DATE** \_\_\_\_\_

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

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

**PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**EXCELLENCE | ACCOUNTABILITY | INNOVATION | INCLUSION | EMPOWERMENT**

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