



BUILDING DEPARTMENT

COUNTY MOVING PERMIT APPLICATION**❖ Prior to applying for a Moving Permit, both a Demolition and Foundation Permit must be obtained:**

- a. Demolition Permit for any building(s) or structure(s) to be demolished at the property where building(s) or structure(s) will be moved from: <https://southbendin.gov/departments/building/building-permits/>
- b. Demolition Permit for any building(s) or structure(s) to be demolished at the property where building(s) or structure(s) will be moved to: <https://southbendin.gov/departments/building/building-permits/>
- c. Foundation Permit for property that the building(s) or structure(s) will be moved to (Complete our New House/Accessory Structure Application(s) and provide all required documents. However, the fee will be a \$40 flat rate for foundation only, per building, and the contractor listed will be that who is doing the foundation work.): <https://southbendin.gov/wp-content/uploads/2025/03/County-New-House-Permit-Application.pdf>

COUNTY PROPERTY MOVING PERMIT REQUIREMENTS:

1. Complete Moving Permit Application
2. Moving Contractor must provide a Certificate of Insurance:
 - a. Providing for a limit of not less than \$500,000 for all damages arising out of bodily injury or death in any one occurrence
 - b. Provide for a limit of not less than \$100,000 for all damages arising out of injury to or destruction of property in any one occurrence
 - c. Subject to that limit per occurrence, an aggregate limit of not less than \$300,000 for all damages arising out of injury to or destruction of property during the policy period
 - d. Shall include coverage for premises, operations, contractor's protective liability, products, completed operations, and blanket contractual liability
 - e. See additional, general requirements at the link below for County Code of Ordinances (152.11)
3. Comprehensive Automobile Liability Insurance:
 - a. The contractor shall carry for the duration of the contract comprehensive automobile liability insurance providing for a limit of not less than \$500,000 for all damages arising out of bodily injury or death in any one occurrence.
 - b. The policy shall also provide for a limit of not less than \$100,000 for all damages arising out of injury to or destruction of property in any one occurrence.
 - c. Such insurance shall include coverage for all owned, non-owned and hired vehicles.
4. Provide letters of inspections and affidavits of approval from companies with facilities along the proposed route, certifying that the applicant has deposited with such company or agency satisfactory surety to cover costs of any damage or changes in facilities resulting from the moving of the structure over the given route:
 - a. All public utility companies
 - b. Railroads (when required- see link for County Code of Ordinances, 152.09 & 152.10)
 - c. Municipal departments (including County Engineer, etc. regarding trees, bushes, signs and/or structures located on county property)
 - d. If the structure to be moved will be using state roadways and/or city streets during transport, provide state and/or city permit approval document(s)
5. All information shall immediately be forwarded to the Board of County Commissioners
 - ❖ Once all items and application have been completed and submitted to the Building Department, the Building Department will provide a letter to the Board of County Commissioners, along with a copy of all related documents, requesting application and all related documents to be reviewed at the next Board of County Commissioners meeting
 - ❖ The County Commissioners shall hear all evidence pertaining to the moving of the structure in question, as the move may affect the public health, safety or welfare of the citizens of the county, and/or any possible physical damage to streets, roadways, sidewalks and/or any other facilities or properties
 - ❖ Within ten working days following the hearing, the County Commissioners shall issue an order to the County Building Commissioner to either issue or deny the requested permit
 - ❖ In the event the County Commissioners should fail to issue such an order within the ten days, the County Building Commissioner shall automatically issue the permit.
 - ❖ **Please note: Prior to move, 72 hours' notification must be provided to all local law enforcement agencies, fire departments, Civil Defense Agency and County Engineering Department.**
6. Saint Joseph County Code of Ordinances (Chapter 152: Building Regulations):
[http://library.amlegal.com/nxt/gateway.dll/Indiana/stjosephco_in/stjosephcountyindianacodeofordinances?f=templates\\$fn=de_fault.htm\\$3.0\\$vid=amlegal:stjosephco_in](http://library.amlegal.com/nxt/gateway.dll/Indiana/stjosephco_in/stjosephcountyindianacodeofordinances?f=templates$fn=de_fault.htm$3.0$vid=amlegal:stjosephco_in)
7. Permit fee
 - a. Any one or two story building: \$125
 - b. Any building greater than two stories in height: \$175

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MOVING 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

APPLICANT INFORMATION

DATE:

APPLICANT:					ORG/BUSINESS:				
PHONE:					EMAIL:				
ADDRESS:									
	Address				City		State		Zip
PROPERTY OWNER:									
PHONE:					EMAIL:				
ADDRESS:									
	Address				City		State		Zip

PROJECT INFORMATION

STRUCTURE BEING MOVED FROM: _____

TO: _____

OF STORIES OF STRUCTURE: _____

DIMENSIONS OF STRUCTURE WHEN MOUNTED (please note dimensions of ALL structures separately):

LENGTH: _____

WIDTH: _____

HEIGHT: _____

WEIGHT: _____

AXLE SPACING: _____

PROPOSED ROUTE:

FROM:	_____	TO:	_____
FROM:	_____	TO:	_____
FROM:	_____	TO:	_____
FROM:	_____	TO:	_____

DATE OF MOVE: _____ ALTERNATE DATE OF MOVE: _____

MOVING CONTRACTOR: _____

*Must provide Certificate of Insurance showing requirements as listed in the City or County Code or Ordinances

*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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