



St. Joseph County | City of South Bend
BUILDING DEPARTMENT
COUNTY RESIDENTIAL
PERMIT RENEWAL APPLICATION

COUNTY RESIDENTIAL
PERMIT RENEWAL CHECKLIST

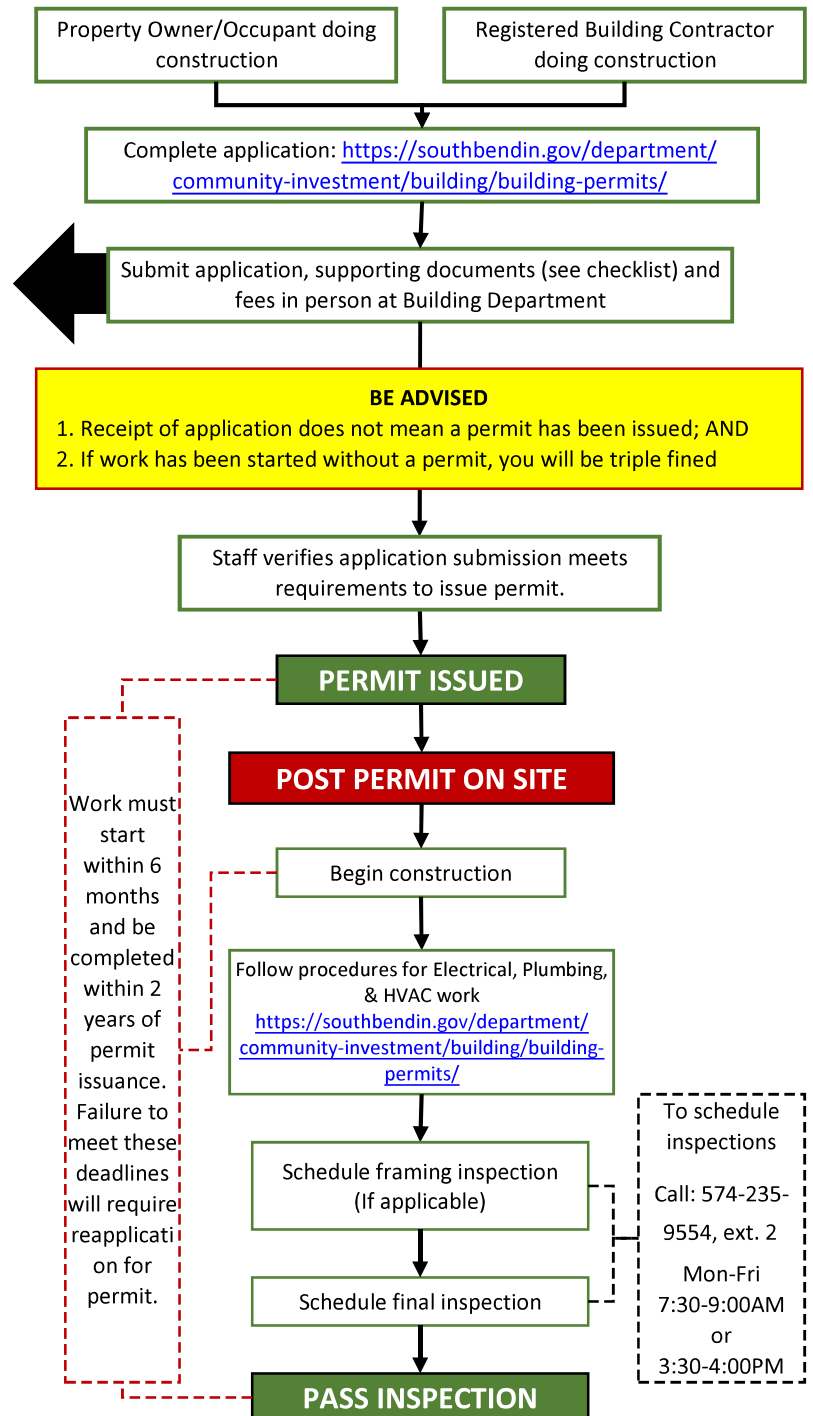
1. Completed Application
2. Special use/exception and/or variance approvals if applicable
3. ***PERMITS MUST BE RENEWED PRIOR TO 2 YEARS FROM ORIGINAL PERMIT DATE***
4. Signed contract showing estimated cost of construction
5. All contractors involved in the project-building, electrical, plumbing, and HVAC. (on application form)
6. Energy Code Certification if applicable
7. Application fee ****SEE FEE SCHEDULE FOR APPLICABLE PERMIT FEES**

USEFUL LINKS

County Zoning Website: <https://www.sjcindiana.gov/1883/Planning-Zoning>

County Engineering Website: <https://www.sjcindiana.gov/2172/Engineering>

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



COUNTY RESIDENTIAL PERMIT RENEWAL 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, THE 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:

INCLUDING:

- ☐ KITCHEN REMODEL
☐ BATHROOM REMODEL
☐ WHOLE HOUSE REMODEL
☐ OTHER DESCRIPTION NOT LISTED:

- ☐ WINDOWS
☐ DOORS
☐ DRYWALL

- ☐ INTERIOR DEMO
ONLY

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

*PLEASE NOTE THAT THE HEALTH DEPARTMENT MAY NEED TO BE NOTIFIED OF ADDITIONAL BEDROOMS OR PLUMBING IN THE BASEMENT @ (574)235-9750.

IF THIS PROJECT INCLUDES ANY ROOFING OR SIDING, LIST SEPARATE CONSTRUCTION COSTS BELOW.

SEPARATE FEES WILL BE DETERMINED BY THESE CONSTRUCTION COSTS, SEPARATE FROM RENOVATION FEE.

TEAR-OFF/RE-ROOF \$ ROOF OVERLAY \$ SIDING \$

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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 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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