

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

**COUNTY RESIDENTIAL
PERMIT RENEWAL CHECKLIST**

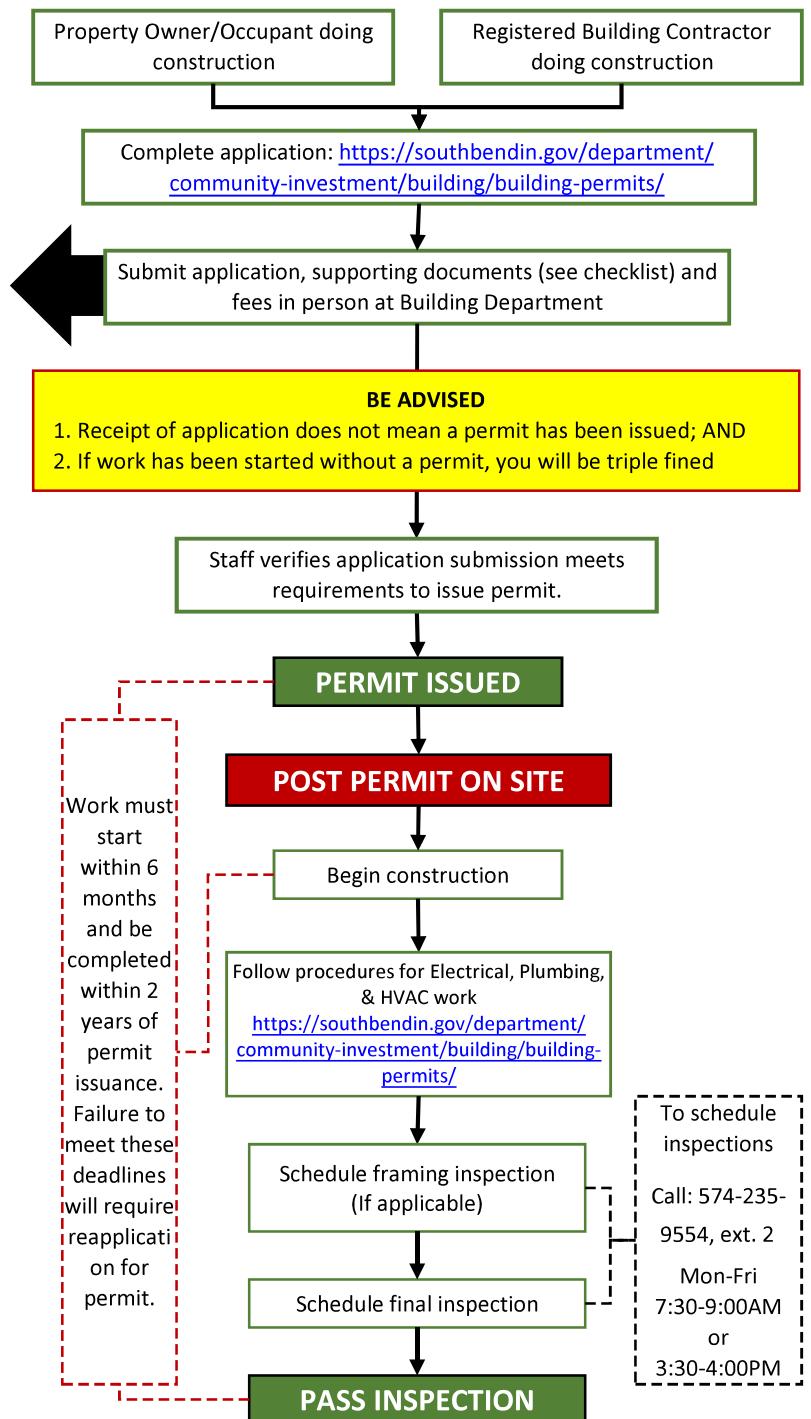
1. Completed Application
2. Special use/exception and/or variance approvals if applicable
3. ***PERMITS MUST BE RENEWED PRIOR TO 2 YEARS FROM ORIGINAL PERMIT DATE***
4. Signed contract showing estimated cost of construction
5. All contractors involved in the project- building, electrical, plumbing, and 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/>



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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 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:

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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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

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: _____

***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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