

St. Joseph County | City of South Bend
BUILDING DEPARTMENT
COUNTY HOME RENOVATION PERMIT APPLICATION

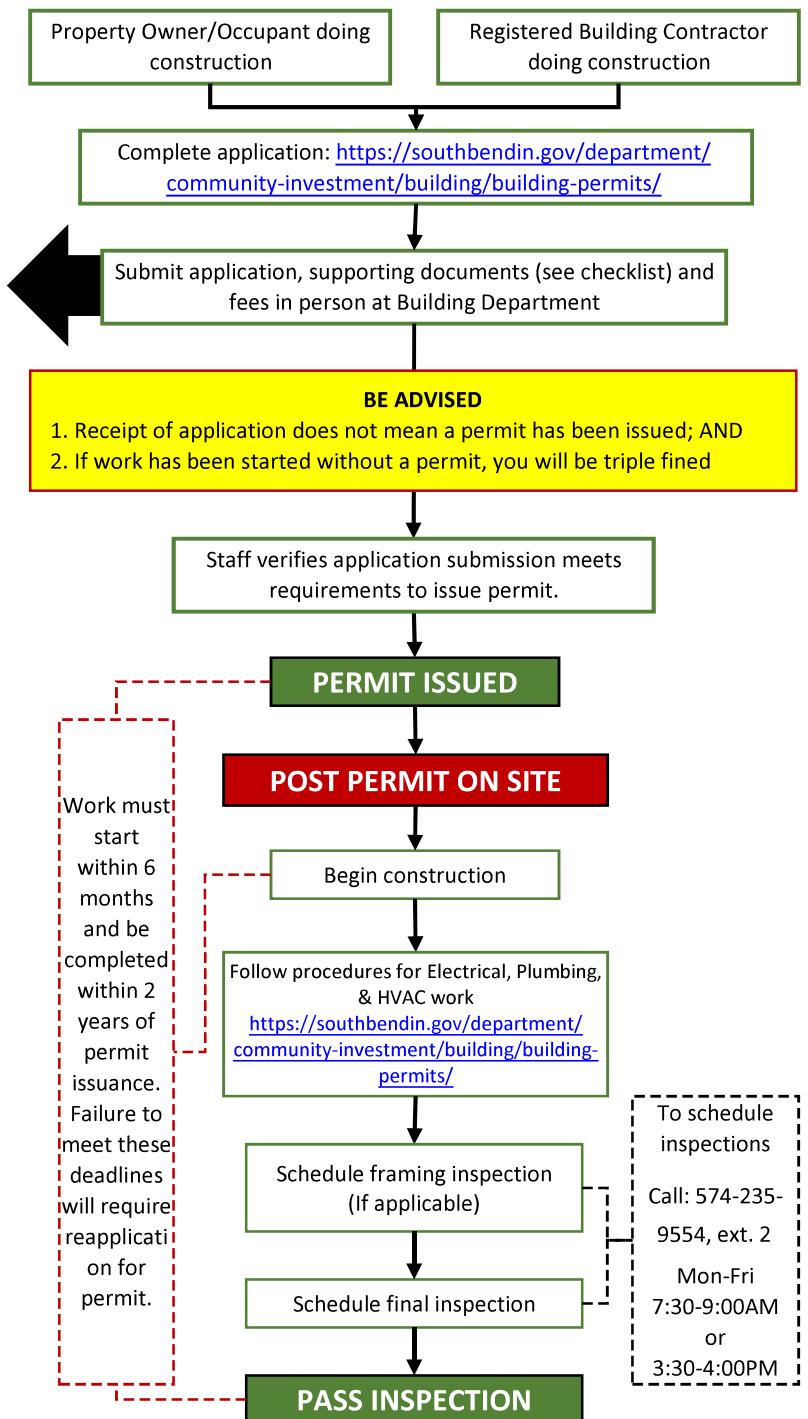
**COUNTY HOME RENOVATION
PERMIT CHECKLIST**

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. For finished basement applicable affidavit sign by property owner
7. Application fee **SEE FEE SCHEDULE FOR APPLICABLE PERMIT FEES

USEFUL LINKS

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

Historic Preservation Commission: <https://southbendin.gov/department/community-investment/planning-community-resources/historic-preservation-commission/>



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**COUNTY HOME RENOVATION PERMIT APPLICATION**

ST. JOSEPH COUNTY | CITY OF SOUTH BEND | BUILDING DEPARTMENT

PAYMENT:

CHECK # _____

CARD CASH ***IF APPLYING FOR A DUPLEX RENOVATION, PLEASE COMPLETE 2 APPS (1 FOR EACH UNIT)****PROPOSED****PROJECT****ADDRESS:**

Address _____ City _____ Zip _____ Township _____

PROPERTY OWNER:**PHONE NUMBER:****EMAIL:** _____**MAILING ADDRESS:**

Address _____ City _____ State _____ Zip _____

SIGNED CONTRACT SHOWING COST OF CONSTRUCTION MUST BE PROVIDED UPON APPLICATION SUBMITTAL**TOTAL CONSTRUCTION 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** **WINDOWS** **BATHROOM REMODEL** **DOORS** **WHOLE HOUSE REMODEL** **DRYWALL** **OTHER DESCRIPTION NOT LISTED:** _____**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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125 S. Lafayette Blvd. | Suite 100 | South Bend, Indiana 46601 | p 574.235.9554 | f 574.235.5541 | www.southbendin.gov



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BUILDING**CONTRACTOR:** _____**OR OWNER AS CONTRACTOR** **PHONE:** _____**EMAIL:** _____**ADDRESS:**

Address	City	State	Zip
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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 licensed and/or 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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