

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

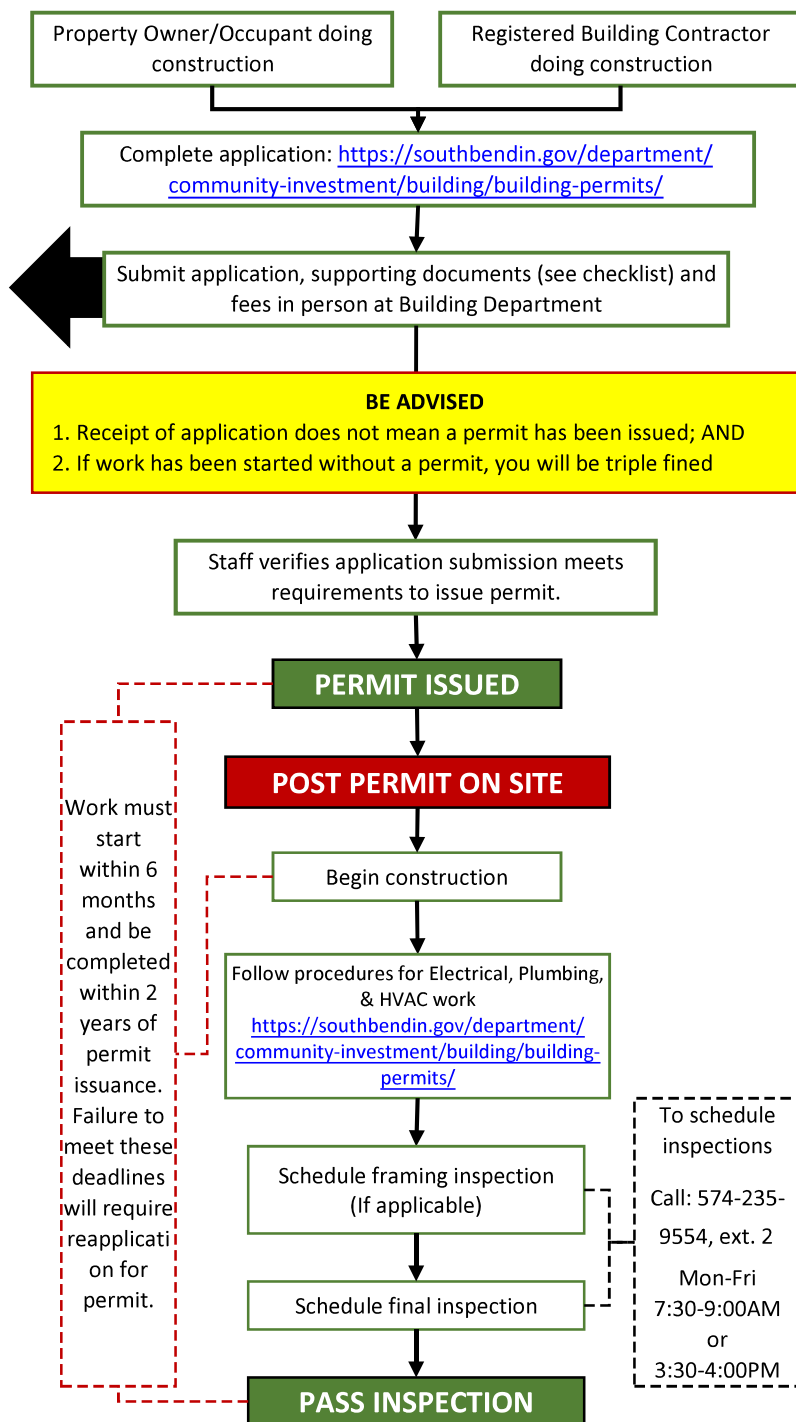
**COUNTY HOME RENOVATION
PERMIT CHECKLIST**

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/departments/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 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 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

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 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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