

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

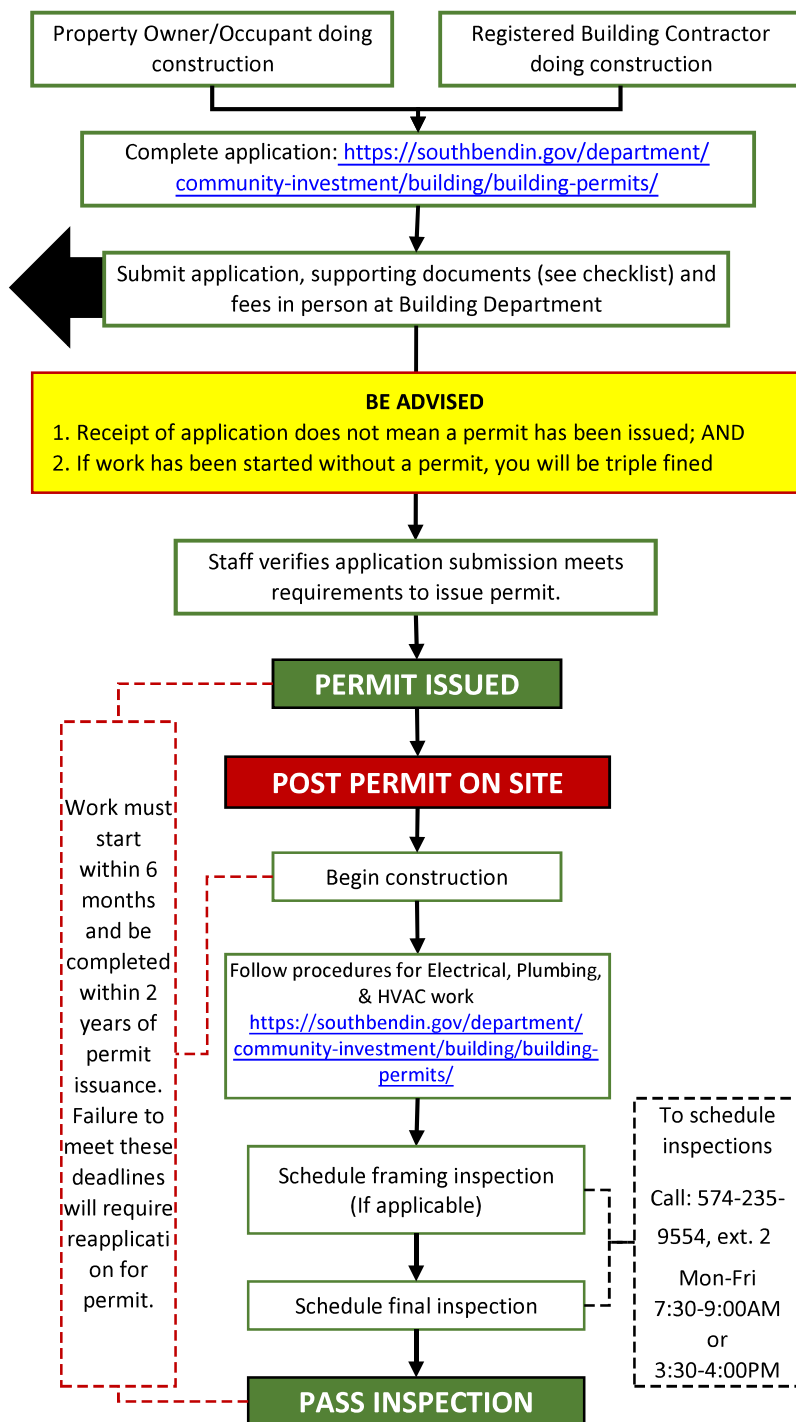
**COUNTY RESIDENTIAL ROOFING PERMIT CHECKLIST**

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/>



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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](http://www.southbendin.gov)



# COUNTY RESIDENTIAL ROOFING 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

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\***

COST OF CONSTRUCTION: TEAR-OFF/RE-ROOF: \$ OR OVERLAY: \$

INCLUDES SOFFIT/FASCIA: YES ☐ NO ☐

BUILDING CONTRACTOR:

OR OWNER AS CONTRACTOR ☐

PHONE:

EMAIL:

ADDRESS:

Address

City

State

Zip

**\*All contractors must be registered with our department. For more information on this go to <http://www.southbendin.gov/government/content/contractor-licenses-0>**

**\*Application can be emailed to us at [building@southbendin.gov](mailto: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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