

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

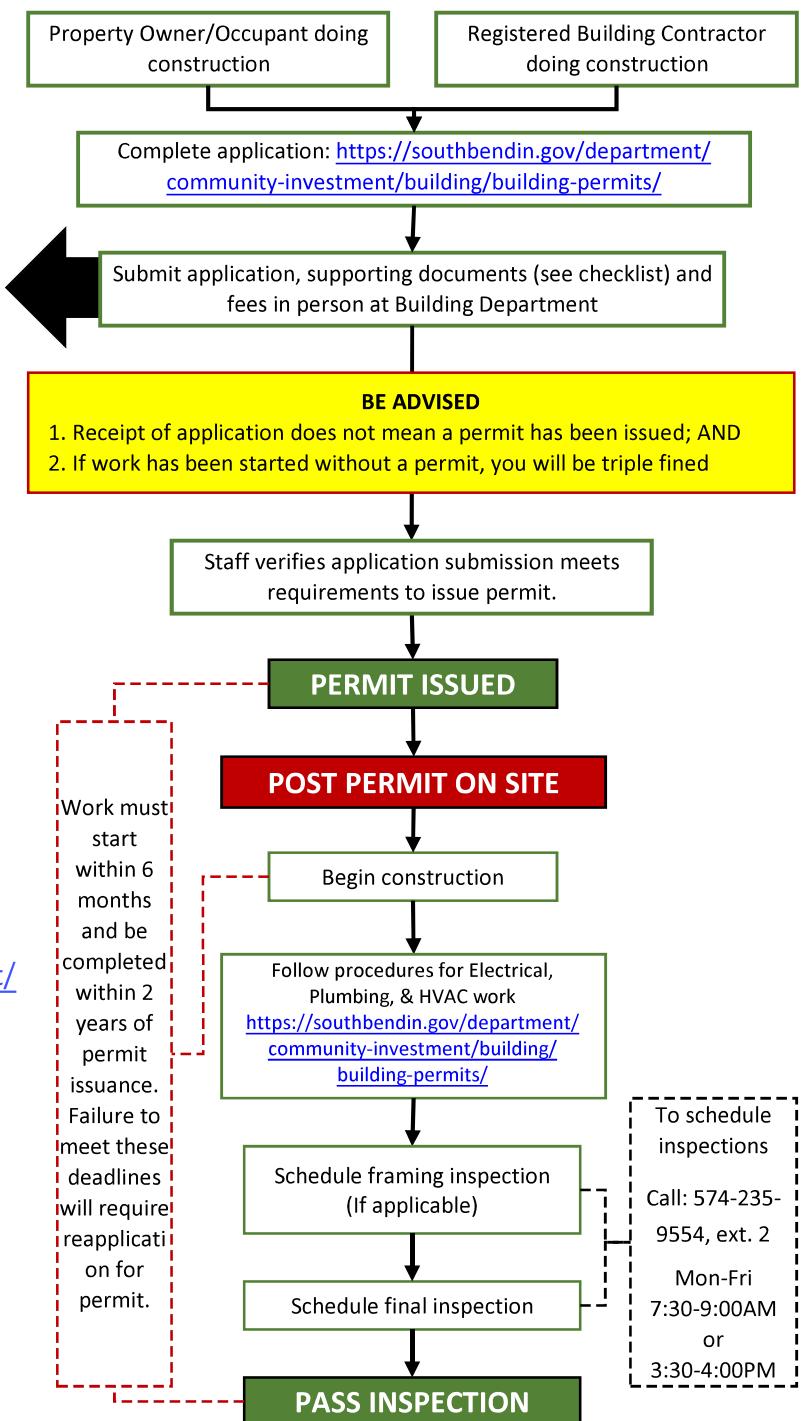
**COUNTY RESIDENTIAL SIDING PERMIT
CHECKLIST**

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/>



EXCELLENCE | ACCOUNTABILITY | INNOVATION | INCLUSION | EMPOWERMENT



COUNTY RESIDENTIAL SIDING 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: \$ _____

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 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 _____

EXCELLENCE I ACCOUNTABILITY I INNOVATION I INCLUSION I EMPOWERMENT