

BUILDING DEPARTMENT

COUNTY RESIDENTIAL SWIMMING POOL APPLICATION

COUNTY RESIDENTIAL SWIMMING POOL PERMIT CHECKLIST

1. Completed Application
2. Site plan showing
 - a. size of property
 - b. size and location of all structures on property
 - c. size and location of proposed accessory structure
 - d. If parcel is under 3 acres, it must be drawn to an engineer scale (no smaller than 1/8")
3. Special use/exception and/or variance approvals if applicable
4. Location of septic system and well on property (if applicable)
5. Signed contract showing estimated cost of construction
6. All applicable contractors involved in the project-building, electrical, plumbing, and HVAC. (on application form)
7. Application fee **SEE FEE SCHEDULE FOR APPLICABLE PERMIT FEES

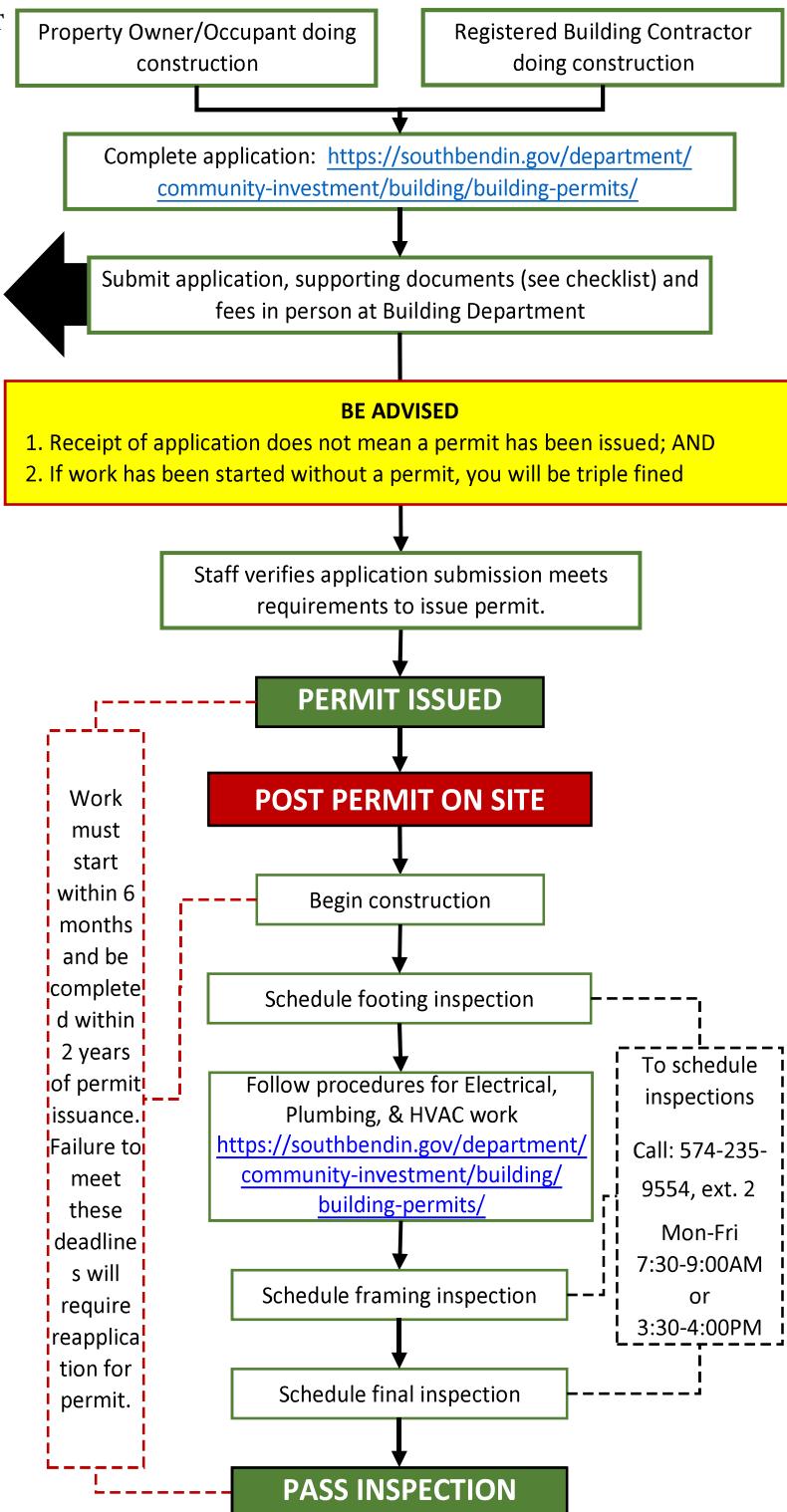
USEFUL LINKS

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

County Engineering Website: <https://www.sjcindiana.gov/2172/Engineering>

Flood Boundaries Map: <https://stjocogis.maps.arcgis.com/apps/webappviewer/index.html?id=clfc9bb75b26428db5bl684fc9aa3e56>

Ditch, Tile, & Watershed Boundaries: <https://stjocogis.maps.arcgis.com/apps/PublicInformation/index.html?appid=888fba60a1f34d609ed2451d65084698>





COUNTY RESIDENTIAL SWIMMING POOL 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

TOTAL COSTRCTION COST: \$ _____

PROJECT SIZE: _____

Swimming Pool (sq/ft)

(Water depth at least 42")

Deck at or over 30" above grade (sq/ft)

**EXISTING
STRUCTURES:** _____

Primary Structure (sq/ft)

Accessory Buildings (sq/ft)

Other (sq/ft)

VARIANCE, SPECIAL USE/ EXCEPTION APPROVAL DATE, IF APPLICABLE*: _____

***PLEASE PROVIDE APPROVAL LETTER**

**PROPOSED
ACCESSORY
SETBACKS:** _____

Front Lot Line (ft)

Side Lot line (ft)

Side Lot line (ft)

Rear lot line (ft)

Other (ft)

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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:** _____

***All contractors must be licensed and/or 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 true and accurate to the best of my knowledge.

The Owner or Assignee obtaining this permit is responsible for determining the location of the property lines and conforming with the setback, height, and all other requirements of the Zoning Ordinance. Also, the restrictive covenant relating to the property may be more restrictive and should be checked.

The undersigned Owner or Assignee does hereby accept the above responsibility.

_____ **APPLICANT SIGNATURE**

_____ **DATE**

_____ **PRINT NAME**

_____ **ORG/BUSINESS OR OWNER**

_____ **PHONE**

_____ **EMAIL**

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