

# St. Joseph County | City of South Bend BUILDING DEPARTMENT COUNTY WINDOWS/DOORS PERMIT APPLICATION

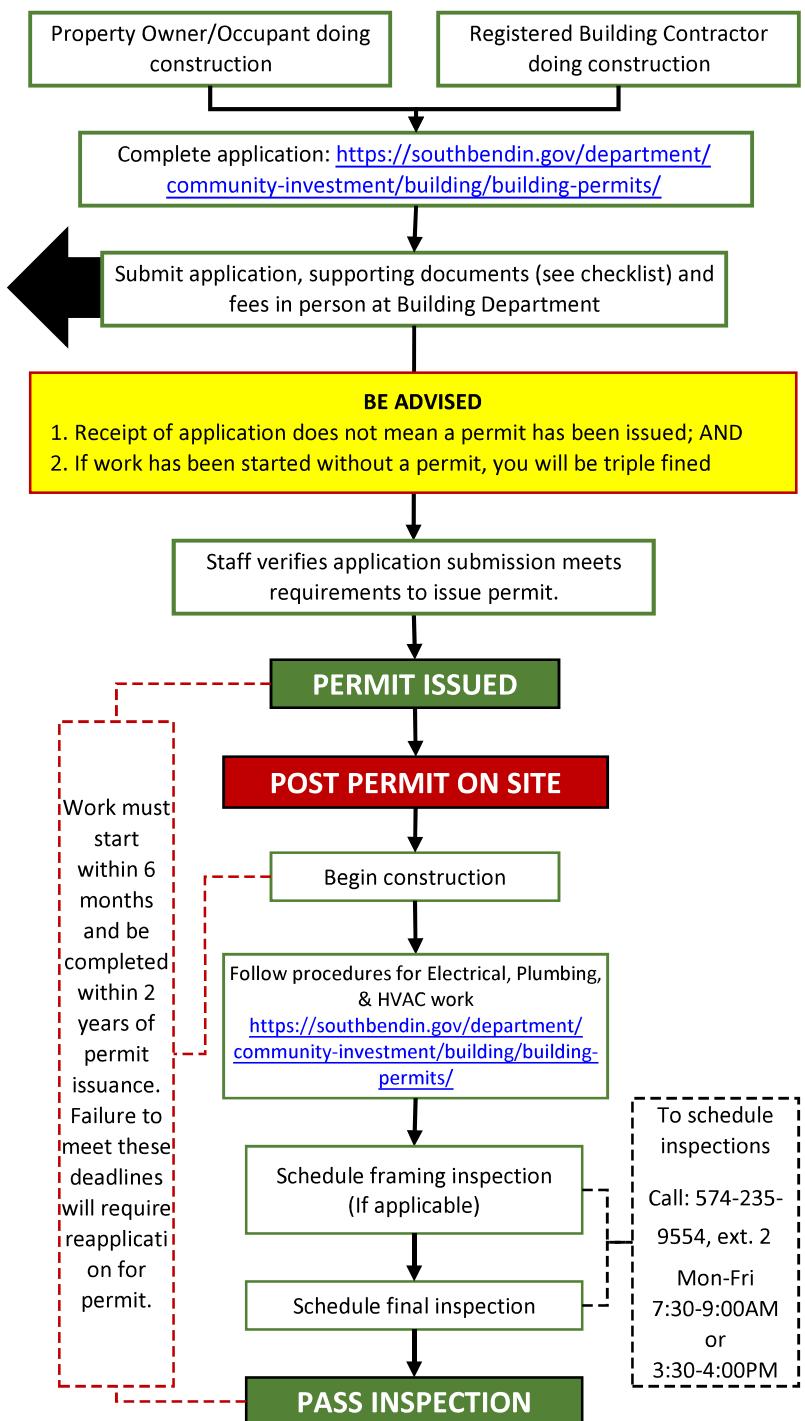
## COUNTY WINDOWS/DOORS PERMIT CHECKLIST

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. 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 WINDOWS/DOORS 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 \_\_\_\_\_

\*\*IF THE PROPERTY OWNER WILL NOT BE PERFORMING THIS WORK AND A CONTRACTOR IS BEING HIRED, THE SIGNED CONTRACT SHOWING COST OF CONSTRUCTION MUST BE PROVIDED UPON APPLICATION SUBMITTAL\*\*

\*TOTAL COSTRCTION 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:

WINDOWS  DOORS

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



## COUNTY WINDOWS/DOORS PERMIT APPLICATION

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

**BUILDING****CONTRACTOR:** \_\_\_\_\_**OR OWNER AS CONTRACTOR** **PHONE:** \_\_\_\_\_**EMAIL:** \_\_\_\_\_**ADDRESS:** \_\_\_\_\_

<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
----------------	-------------	--------------	------------

**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 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](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**

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