

ST. JOSEPH COUNTY/SOUTH BEND BUILDING DEPARTMENT
 215 S MARTIN LUTHER KING JR. BLVD. SUITE 100
 SOUTH BEND, INDIANA 46601
 Phone: 574-235-9554/Fax: 574-235-5541

PAYMENT:
 CHECK # _____
 CARD *WE DO NOT ACCEPT AMERICAN EXPRESS
 CASH *EXACT PAYMENTS MAY BE REQUIRED IF WE
 ARE UNABLE TO MAKE CHANGE FOR CASH
 PAYMENTS

APPLICATION FOR ELECTRICAL PERMIT – SOLAR*

*Please note that for ground-mounted solar panels, an accessory/foundation permit must be issued prior to obtaining an electrical permit.

PERMIT #: BD _____	DATE: _____
PROPERTY ADDRESS: _____	
OWNER NAME: _____	PHONE: _____
MAILING ADDRESS: _____	

Please complete the chart below, noting the quantity of each item on the left, and calculating the fees on the right. Find our fee schedule at the link below: <https://southbendin.gov/wp-content/uploads/2026/01/FeeSchedule-2026-1.pdf>

Qty.	Description	Amount	Fees Owed
	Switchboards & Panel Boards (Sub Panels) (new and replaced)		
	60 amp.		
	100 amp.		
	200 amp.		
	400 amp.		
	600 amp.		
	Over 600 amp. Up to 2,000 amp.		
	Over 2,000 amp.		
	Circuits, each (new and replaced)		
	Back-up generator: 10 kVa or less	Over 10 kVa	
	Reset, relocation, and reconnection		
	Other:		
MINIMUM PERMIT FEE: \$60.00 *See Fee Schedule for breakdown of fees		Total:	

AEP Work Order Number: _____

***IF SERVICE PROVIDER WILL BE INVOLVED TO CONNECT ELECTRICAL SERVICE, AN
 ADDITIONAL \$60.00 FEE WILL BE CHARGED**

Additional items	Response		
Capacity (kilowatt (kW) DC), i.e. 8,520 kW			
Owner Type	<input type="checkbox"/> residential	<input type="checkbox"/> commercial	<input type="checkbox"/> industrial
Solar Installer (if different from electrical contractor)			
Electric Utility			
Connection Type	<input type="checkbox"/> grid-tied with battery back-up	<input type="checkbox"/> grid-tied, no battery back-up	<input type="checkbox"/> off-grid (no utility connection)
Comments			

It is hereby certified that the work herein called for is in accordance with the provisions of the Electrical Codes of St. Joseph County and the City of South Bend, Indiana.

Electrical Contractor: _____
 (Please list Company Name, how licensed within our jurisdiction)

Phone Number: _____

Email Address: _____