

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

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

APPLICATION FOR HVAC PERMIT

***IF APPLYING FOR A DUPLEX OR MULTI-UNIT BUILDING,
PLEASE COMPLETE SEPARATE APPS FOR EACH UNIT***

PERMIT#: BD _____

DATE: _____

PROPERTY ADDRESS: _____

OWNER'S 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
	Furnaces: Gas: _____ Oil: _____ BTU's: _____ Electric (kw): _____		
	Air Conditioner(s): _____ Tons: _____ Replacement: YES NO		
	Ventilating and Exhaust System: CFM's _____		
	Commercial Hoods (must add MUA as furnace above) CFM's _____		
	Refrigeration: HSP: _____		
	Rooftop Combination: Tons: _____		
	Heat Pump: BTU's: _____ Tons: _____		
	Mini Split: _____ # of Heads: _____		
	Boilers: BTU's: _____ Water: _____ Steam: _____		
	VAV Box w/Coil/Thru-Wall Combination Heat/Air		
	Air Handler/Make-Up Air ONLY (not with Hood) CFM's: _____		
	Ducts and Registers: No. of Openings: _____		
	Back-Up Generator Gas Line: 10Kv or Less: _____ Over 10Kv: _____		
	Gas Reconnection: _____ Gas Outlet(s): _____		
	Woodburning Stoves		
	Other: _____		
MINIMUM PERMIT FEE: \$60.00		Total:	

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

Plumbing Contractor: _____

(Please list Company Name, how licensed within our jurisdiction)

Phone Number: _____

Email Address: _____