

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 PLUMBING 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
	Plumbing fixtures/drains/traps:		
	Backflow Protection		
	Building Sewer: Under 100' _____ Over 100' _____		
	Building Water: Under 100' _____ Over 100' _____		
	Water Softener(s)		
	Drain within building for rainwater system		
	Water Heater(s)		
	Gas Reconnection _____ Gas outlet(s) _____		
	Repair/alteration of drainage/vent piping or water piping		
	Drywells		
	Lawn Sprinkler Systems		
	Fire Protection Sprinkler system/Number of Heads:		
	Gas Tank(s) and Pump(s)		
	Back-up generator-gas line: 10 Kv or less _____ Over 10 Kv _____		
	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: _____