

**DEMOLITION PERMIT APPLICATION (RESIDENTIAL)  
ST. JOSEPH COUNTY/SOUTH BEND BUILDING DEPARTMENT**

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**APPLICANT INFORMATION**

**DATE:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Address City State Zip

**APPLICANT:** \_\_\_\_\_ **ORG/BUSINESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Address City State Zip

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**PROPERTY INFORMATION**

**ADDRESS:** \_\_\_\_\_  
Address City Zip

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**PROJECT INFORMATION**

<b>STRUCTURE TYPE:</b>	<b>PRIMARY STRUCTURE</b>		<b>ACCESSORY STRUCTURE</b>		
	_____		_____		
	Total sq/ft		Total sq/ft		
<b>FLOORS:</b>	1 <sup>ST</sup> FLOOR	2 <sup>ND</sup> FLOOR	3 <sup>RD</sup> FLOOR	BASEMENT	OTHER

**VERIFICATION OF UTILITY DISCONNECTS:** ELECTRIC GAS WATER

*Proof of utility disconnect must be provided with this application.*

**DEMOLITION CONTRACTOR:** \_\_\_\_\_

*All contractors must be licensed and registered with our department.*

*For more information on this go to <http://www.southbendin.gov/government/content/contractor-licenses-0>*

I certify the above to be a true and accurate to the best of my knowledge.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**APPLICANT NAME (PRINT)**

**DEMOLITION APPLICATION CHECKLIST**

1. Completed Application
2. All applicable contractors involved in the demolition.
3. Utility Release verifications
4. Application fee **\*\*SEE FEE SCHEDULE FOR APPLICABLE PERMIT FEES**