APPLICATION FOR BUILDING PERMIT
ST. JOSEPH COUNTY/SOUTH BEND BUILDING DEPARTMENT

PERMIT NO. _____

DATE:_____ TOWNSHIP:_____ ZONING:_____

STATE PROJECT NO._____ SEWAGE/WATER:_____ PREVIOUS ZONING:_____

VALUE:_____ FLOOD PLAIN: _____ WETLANDS:_____ WELLHEADS:_____

DESIGN/NNZO:_____ HISTORIC DISTRICT:_____

FOR OFFICE USE ONLY: Construction Code:_____ Occupancy Code:_____ Construction Type:_____

OWNER'S
NAME:_____PHONE:_____

PRESENT MAILING ADDRESS:_____

Plans to erect:_____ Demolish:_____

Dimensions: First Floor:_____ S.F.:_____

Second Floor:_____ S.F.:_____

Basement:_____S.F.:_____

Porches: _____ _____ Decks:_____ S.F.:_____

Garage:_____ Att:_____ Unatt:_____Garage Height:_____S.F.:_____

PROPERTY ADDRESS AND LOCATION:_____

LOT NO.:_____ SUBDIVISION:_____ ACREAGE:_____

DEED RECORDED: Date:_____ Book & Page or Microfilm:_____

BUILDING LINES: Front:_____ Sides:_____ Rear:_____ __

BUILDING CONTRACTOR:_____Phone No.:_____ FEES:_____

Electric Service:_____amp. Number of Circuits:_____ Temp.Ser.:_____

ELECTRICAL CONTRACTOR:_____ FEES:_____

No.Traps/Floor Drains:_____ Water Heater:_____ Softener:_____ Gas Outlets:_____

PLUMBING CONTRACTOR:_____ FEES:_____

Kind of Heating:_____ Air Conditioning:_____ Gas Outlets:_____

HEATING CONTRACTOR:_____ FEES:_____

SUB-TOTAL:_____

PENALTY:_____

GRAND TOTAL:_____

COMMENTS:_____

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_____

**SEE FEE SCHEDULE FOR PERMIT FEES