

Office Use Only:	
Approvals:	
Initials	Date
Initials	Date

CITY OF CIBOLO

MISCELLANEOUS PERMIT APPLICATION

Phone: (210) 658 - 4175

Fax: (210) 658 - 8065

Notes: (Office use only)

APPLICATION:

Please fill out this form completely, supplying all necessary information and documentation to support your request; including but not limited to a copy of contract, site plan and construction plans. **Your application will not be accepted until the application is completed and required information provided.**

CONTRACTOR

OWNER (Please check one)

Name: _____

Mailing Address: _____

City, State, Zip: _____ Phone: _____

Contact Name (Contractor): _____ Phone: _____

Property Owner's Name: _____ Phone: _____

Job Address: _____ Valuation: _____

MISCELLANEOUS PERMIT TYPE:

1) * **Remodel or Addition:** Description of Work: _____

Dimensions: _____ x _____ Sq Ft. _____

2) * **Swimming Pool:** Dimensions: _____ x _____ Sq. Ft. _____

*NOTE: PUMP AND FILTER EQUIPMENT SHALL COMPLY WITH ALL SETBACK REQUIREMENTS

3) * **Fence:** Is this : new construction extension replacement
 Type: chain link wood privacy wrought iron retaining wall
 other (describe) _____

Height: _____ ft.

4) **Demolition:** Sq Ft. _____ Notes: _____

5) **Other:** _____

LIST OF SUB-CONTRACTORS: (NAME AND PHONE NUMBER)

Electrician: _____ Heat & Air: _____

Plumber: _____ Other: _____

A PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS; OR IF CONSTRUCTION OR WORK IS SUSPENDED , OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED.

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I understand granting of a permit does not presume to give authority to violate or cancel the provisions of any city guidelines, ordinances, codes, state or local laws regulating construction or the performance of construction.

 (SIGNATURE OF OWNER, CONTRACTOR OR AUTHORIZED AGENT)

 DATE

*NOTE: Inspection of permitted work may reveal code violations not discovered during plan review.