

<b>Office Use Only:</b>	
Approvals:	
Initials	Date
Initials	Date

**CITY OF CIBOLO  
COMMERCIAL  
ADDITION / REMODEL  
PERMIT APPLICATION**  
Phone: (210) 658 - 4175  
Fax: (210) 658 - 8065

<b>Office Use Only:</b>	

**APPLICATION:**

Please fill out this form completely, supplying all necessary information and documentation to support your request; including but not limited to a site plan and construction plans.

**Your application will not be accepted until the application is completed and required information provided.**

**CONTRACTOR INFORMATION:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Architect: \_\_\_\_\_  
Engineer: \_\_\_\_\_

**PROPERTY INFORMATION:**

Project Address: \_\_\_\_\_ Valuation: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Tract: \_\_\_\_\_ Lot #: \_\_\_\_\_ Block: \_\_\_\_\_  
Zoning: \_\_\_\_\_

**ADDITION:**

Existing Building:	Addition
Sq. Ft. _____	_____
No. of Stories: _____	_____
Sprinkler Sys: Yes / No (circle) _____	Yes / No _____
Use Classification: _____	_____
No. of suites: _____	_____
Occupancy Load: _____	_____
No. of Elevators: _____	_____
Current Zoning: _____	_____

**NOTES:**


**REMODEL:**

Existing Building:	Remodel Area
Sq. Ft. _____	_____
No. of Stories: _____	_____
Sprinkler Sys: Yes / No (circle) _____	Yes / No _____
Use Classification: _____	_____
No. of suites: _____	_____
Occupancy Load: _____	_____
No. of Elevators: _____	_____
Current Zoning: _____	_____

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

Electrician: \_\_\_\_\_ HVAC: \_\_\_\_\_  
Plumber: \_\_\_\_\_ Other: \_\_\_\_\_

**SUBMITTAL CHECKLIST: (INCLUDING BUT NOT LIMITED TO THE FOLLOWING)**

- 1) Three (3) complete sets of stamped building drawing to include foundation.
- 2) One (1) digital copy, on CD, PDF format of the stamped construction plans.
- 3) One (1) complete set of the Commercial Energy Compliance Checklist.

**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. CDS 003