

Office Use Only:	
Reviewed by: Initials	Date

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

Office Use Only:
Updated 02/01/2021

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.

PROJECT TYPE:

Project Address: _____

Valuation: (do not include value of site work): _____

DESCRIPTION OF WORK: _____

CONTACT INFORMATION:

Contractor: _____

Mailing Address: _____

Office Phone: _____ Fax: _____

Contact Name: _____ Phone: _____

E-Mail: _____

Architect: _____ Phone: _____

Contact Name: _____ E-Mail: _____

Engineer: _____ Phone: _____

Contact Name: _____ E-Mail: _____

BUSINESS INFORMATION: TDLR #: _____
(attach copy)

Business Owner: _____

Address: _____

Phone: _____ E-Mail: _____

Tenant / Business Name: _____

State Tax ID #: _____ Date to occupy: _____
(required prior to Certificate of Occupancy)

Max # of employees: _____ Use: _____

PROPERTY INFORMATION: Zoning: _____ No. of Acres: _____

Property Owner: _____

Address: _____

Phone: _____ E-Mail: _____

Subdivision: _____ Unit: _____ Lot #: _____ Block #: _____

Continued on Back

BUILDING INFORMATION:

IBC Construction Type: _____ Use Classification: _____

Total Building Sq Ft: _____ Tenant Space Sq Ft: _____ Private Office Sq Ft: _____
(Tenant Finish Out Permits Only)

No. of Stories: _____ No. of Elevators: _____ No. of units/suites: _____

Sprinkler System: _____ Occupant Load: _____ Impervious Coverage (sf): _____

Occupancy Type: _____ Fire Line Required: _____

of Water Meters: (new) _____ Size / Water Meter(s) (new): _____

Termite Treatment Method: _____ Frame: _____

Multi-Family 3+: _____ # of Buildings: _____ Garage Sq Ft: _____

of Dwelling Units: _____ # of Bedrooms: _____ # of Bathrooms: _____

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

Electrician: _____ Phone: _____

HVAC: _____ Phone: _____

Plumber: _____ Phone: _____

Other: _____ Phone: _____

Construction Work Hours: Monday - Friday: 7am to 9pm _____ (initial)

Saturday - Sunday: 9am to 7pm _____ (initial)

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

Submittal checklist items may not be required for all project types - questions, please call our office.

- 1) Please contact City Staff for plan submittal requirements.
Complete sets to include building and civil plans.
NOTE: Fireline, a seperate permit / review is required.
- 2) TDLR - Architectural Barrier Project Registration Number
- 3) One (1) copy of the Commercial Energy Compliance Checklist.
- 4) Shell layout with location of unit designated - Tenant Finish Out Only
- 5) Other documents as required by use.

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 004