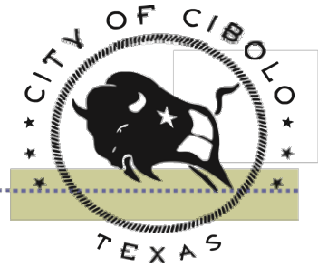


Cibolo Development Manual



Universal Development Application

(Please use separate application for each submittal)

<input type="checkbox"/> Annexation Petition	<input type="checkbox"/> Land Study	<input type="checkbox"/> Replat
<input type="checkbox"/> Disannexation Petition	<input type="checkbox"/> Final Plat	<input type="checkbox"/> Amending Plat
<input type="checkbox"/> Land Use Amendment	<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Minor Plat
<input type="checkbox"/> Thoroughfare Amendment	<input type="checkbox"/> Specific Use Permit	<input type="checkbox"/> Vacating Plat
<input type="checkbox"/> Zoning Change (choose one)	<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Site Plan/Mixed Use Plan
<input type="checkbox"/> Straight Zoning	<input type="checkbox"/> Variance	<input type="checkbox"/> Sign Program
<input type="checkbox"/> PUD (Planned Unit Development)	<input type="checkbox"/> Appeal of Administrative Decision	<input type="checkbox"/> Tree Removal Permit

Project Name: _____

Total Acres: _____ Survey Name: _____ Abstract No.: _____

Project Location (address): _____

Current Zoning: _____	Overlay: _____	# of Lots/Units: _____	For Commercial/Industrial: Total Proposed Sq. Ft. _____
Proposed Zoning: _____	Overlay: _____	Please Choose One: Current Use: _____	
		Proposed Use: _____	

Applicant Information:

Property Owner Name: _____

Address: _____ City: _____ St/Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Applicant (if different than Owner): _____

Address: _____ City: _____ St/Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Representative: _____

Address: _____ City: _____ St/Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Authorization: By signing this application, you hereby grant Staff access to your property to perform work related to your application. Also, you waive the statutory time limits in accordance with Section 211, 212 and 245 of the Texas Local Government Code.

Owner or Representative's Signature

Typed/Printed Name

State of _____

County of _____

Before me, _____, on this day personally appeared
Name of Notary Public

_____, to be the person(s) is/are subscribed to the foregoing
Name of signer(s)

instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office

this ____ day of _____, _____.

Notary Public's Signature (Notary Seal)

City of Cibolo Use Only

Total Fees

Payment Method

Submittal Date

Accepted by