



City of Cibolo
 Planning & Engineering Department
 200 South Main Street
 P.O. Box 826
 Cibolo, TX 78108
 Phone: (210) 658 - 4175

Office Use Only:	
Reviewed by:	
Initials	Date

Updated 5/10/2021

PERMIT APPLICATION - RESIDENTIAL

Please fill out this form completely, supplying all necessary information and documentation to support your request.
 Your application will not be accepted until the application is completed and required information provided.

PROJECT TYPE: *(use this application only for project types listed below)*

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> New Home Permit | <input type="checkbox"/> Duplex | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Alteration / Remodel | <input type="checkbox"/> Model Home Conversion | <input type="checkbox"/> Model Home |

Project Address: _____

Valuation: \$ _____ **Proposed Start Date:** _____

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: _____

PROPERTY INFORMATION:

Property Owner: _____

Address: _____

Phone: _____ E-Mail: _____

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

Zoning: _____

BUILDING INFORMATION:

Total Building Sq Ft _____ (to include covered patio, garage, brick lug & slab)

Impervious Coverage: _____ % of Impervious Coverage: _____ Lot Sq Ft: _____

of Stories: _____ # of bedrooms: _____ # of bathrooms: _____

of Water Heaters: _____ # of Water Softeners: _____ Reverse Osmosis: _____

Combination Water Softener / Reverse Osmosis: _____

Continued on Back

of Plumbing Fixtures: _____ HVAC Duct Count: _____ # of Heating & Cooling Units: _____

Frame: Wood Steel Termite Treatment Method: Slab Frame

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

Electrician: _____ Phone: _____

HVAC: _____ Phone: _____

Plumber: _____ Phone: _____

Other: _____ Phone: _____

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

Homeowner Statement: By initialing below, I certify that I reside at the above address and am completing this project personally without the assistance of any contractor. I further certify that this project is to be done in accordance to the City of Cibolo Codes and Ordinances and is to be inspected by a City Inspector. This is not my place of business or rental property, but my homestead where I reside. _____ initial (please provide copy of Driver's License)

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