

<b>Office Use Only:</b>	
Reviewed by:	Date
Initials	

# CITY OF CIBOLO

## MISCELLANEOUS PERMIT APPLICATION

Phone: (210) 658 - 4175  
Fax: (210) 658 - 8065

<b>Office Use Only:</b>
CDS 012 - Updated 01/12/2021

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.**

<b>Contractor:</b> Company: _____ Contact: _____ Phone: _____ Mobile: _____ E-Mail: _____	<b>Property Owner:</b> Name: _____ Phone: _____ Mobile: _____ E-Mail: _____ <small>*If homeowner completing project personally-see Homeowner Statement</small>
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**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)

Commercial       Residential      Proposed Date work to begin: \_\_\_\_\_  
**Project Address:** \_\_\_\_\_ **Valuation:** \_\_\_\_\_

### MISCELLANEOUS PERMIT TYPE:

1) \*Concrete Work:      Sq Ft: \_\_\_\_\_      Impervious Coverage: \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 \_\_\_\_\_ Load Bearing: \_\_\_\_\_ (Yes / No)

**By initialing here, I verify that I have received the Concrete Requirement Handout:**

### 2) \*Demolition:

<u>Commerical</u> Number of Buildings: _____ Number of Stories: _____ Notes: _____ _____ Square Footage: _____	<u>Residential</u> <input type="checkbox"/> Single Family Dwelling (including detached (accessory structures - residential in nature) <input type="checkbox"/> Other than Single Family Dwelling Number of units: _____ Notes: _____ _____ Square Footage: _____
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An Asbestos survey is required on Commercial projects in accordance with the Texas State Health Services Department requirements and Texas Asbestos Health Protection Rules. Attach copy of Asbestos Survey.

See Utilities Department for dumpster requirements

3) \* Fence:      Is this:     new construction       extension       replacement  
 Linear    Ft: \_\_\_\_\_ Type:     chain link       wood privacy       wrought iron       retaining  
 Height:    Ft: \_\_\_\_\_       other (describe) \_\_\_\_\_ wall

4) \* Foundation Repair      Description of Work: \_\_\_\_\_  
 \_\_\_\_\_

\* A copy of the final Engineer Report is required.

**By initialing here, I verify that I have received the Tunneling Requirement Handout:**

**MISCELLANEOUS PERMIT APPLICATION CONTINUED**

**5) \*Flammable / Combustible Tanks, Related Equipment & Piping**

Number of Tanks: \_\_\_\_\_ Type of Liquid: \_\_\_\_\_

Notes: \_\_\_\_\_

\*\* 3 (three) sets of plans are required (can be part of building plan submittal)

**6) \*Outdoor Structures:**  Deck  Patio Cover  Pergola / Arbor  Other: \_\_\_\_\_

Dimensions: \_\_\_\_\_ x \_\_\_\_\_ Sq Ft: \_\_\_\_\_ Notes: \_\_\_\_\_

**By initialing here, I verify that I have received the Deck Handouts:**

**7) \*Placement: (Manufactured Home, Mobile Home, Construction Trailer etc.)**

(Note: Additional permits for utility hook ups is required.)

Dimensions: \_\_\_\_\_ x \_\_\_\_\_ Sq Ft: \_\_\_\_\_  New  Replacement  Impervious Coverage: \_\_\_\_\_

Age of structure (to be moved onto property): \_\_\_\_\_ Floodplain: \_\_\_\_\_ (Yes / No)

**8) \*Portable Storage Units:** Number of days to be on-site: \_\_\_\_\_

Note: Storage units used for moving and kept on site for no more than 14 days shall not require a permit.

**9) Public Utilities: (attach plan / map)**

Contractor: \_\_\_\_\_ Owner: \_\_\_\_\_

Location: \_\_\_\_\_

Describe work: \_\_\_\_\_

**10) \*Storage Sheds:** Dimensions: \_\_\_\_\_ x \_\_\_\_\_ Sq Ft: \_\_\_\_\_

Pre-Assembled:  Site Built:  Slab:  Skids:  Impervious Coverage: \_\_\_\_\_

\*\* Sheds may not be placed in an easement.\*\*

**11) \* Swimming Pool / Spa:** (electrical permit required)  Gunite  Fiberglass

Dimensions: \_\_\_\_\_ x \_\_\_\_\_  
Above Ground:  In Ground:  Impervious Coverage (concrete deck): \_\_\_\_\_

**By initialing here, I verify that I have received the Pool/Spa requirement handout:**

**12) Roof (Replacement / Repair)**

Type of roofing: \_\_\_\_\_

Square Footage: \_\_\_\_\_

Description (fully describe proposed work): \_\_\_\_\_

\*\*Provide copy of contract

**LIST OF SUB-CONTRACTORS: (if applicable)**

**(NAME AND PHONE NUMBER)**

Electrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Plumber: \_\_\_\_\_ Phone: \_\_\_\_\_

Mechanical: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

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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.

As Contractor, I authorize the property owner to pick up this permit on my behalf. I understand that work may not begin until the permit is posted on the job site. I assume all responsibility for any penalty that may be assessed if work is performed without the permit being posted. \_\_\_\_\_ **Initial, if homeowner authorized to pick up permit on your behalf**

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.

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(SIGNATURE OF OWNER, CONTRACTOR OR AUTHORIZED AGENT)

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DATE

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