



Office Use Only		
Fee Received \$	_____	
C/O #	_____	
Date	_____	
CHCB	Blk	Lot
Subdivision	_____	

**City of Castle Hills
Residential
Certificate of Occupancy Application**
209 Lemonwood, San Antonio, Texas 78213

Name of Occupant: _____

Address: _____ Sewer Septic

Phone #: _____ Fax #: _____ Cell #: _____

Drivers License #: _____ Email: _____

Property Owner Name (if different from Occupant): _____		
Property Owner Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Phone #: _____	Email: _____	

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING PERSONS IN THE FOLLOWING ORDER:	
NAME & PHONE NUMBER	
1. _____	3. _____
2. _____	4. _____

I hereby certify that I have read and examined this application and know the same to be true and correct. I have answered the questions on the back of this form to the best of my knowledge. (All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a license/certificate does not presume to give authority to violate or cancel the provisions of any other state or local ordinances regulating construction, the performance of construction or the use of any land or buildings.)

All application fees for Certificate of Occupancy are non-refundable. This certificate will not be issued until all other permits, fees, and building inspections have been completed.

Applicant Name (print): _____

Applicant Signature: _____ Date: _____

SEE REVERSE TO ANSWER THE QUESTIONS ON THE BACK OF THIS FORM. THIS APPLICATION WILL NOT BE ACCEPTED IF INCOMPLETE.

Section 1

What is the square footage of the property? _____

Will there be any building or trade permits needed for this location? YES NO
(If yes: all construction must be complete and permit inspections approved prior to CofO inspection request)

Will there be a Home Occupation at the Residence? YES NO
(If yes: please complete Section 2)

Business Phone # _____

Tax ID # _____

Section 2: Residential Home Occupations Only

The Home Occupation is:

- Office, consulting and/or professional service
- Artists or photographic studio
- Teaching of music, art, dance, or exercise class w/not more than 4-students at any one time.

Please provide description: _____

Restrictions on Home Occupations:

Initial

- * Not more than 25% of dwelling will be used for home occupation.
- * No advertisement of the home address for business purposes
- * No on-site signage advertising the home occupation
- * No services are permitted on-site other than by phone, fax, computer
- * Not more than one person not permanently residing on the premise will be employed or volunteer
- * No equipment will be added for operation of the home occupation other than normal home equipment
- * No retail/direct sales is intended and no increase in vehicular/pedestrian traffic
- * No commercial vehicles or delivery of materials to and from the premises other than mail and two-axle parcel delivery service.

Section 3

Will there be any animals that will need to be registered? YES NO
(If yes: please fill out the Animal Registration form and provide proof of current rabies vaccination per animal (max. 4 per household))

Section 4

Will there be an alarm system installed? YES NO
(If yes: please fill out the Alarm Registration form)