



209 LEMONWOOD DRIVE
SAN ANTONIO, TEXAS 78213
210-342-2341

APPLICATION FOR CERTIFICATE OF OCCUPANCY

CO # _____
(for office use)

DATE: _____

NAME OF OCCUPANT: _____

ADDRESS: _____

Sewer Septic

PHONE NUMBERS:

RESIDENCE: _____

Unlisted *Yes* *No*

WORK: _____

BUYING RENTING **IF RENTING OWNER'S NAME** _____

HOME BUSINESS No Yes _____
(List type business)

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING PERSONS IN THE FOLLOWING ORDER:

NAME	PHONE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

ALARM CO: _____
(Registration Required)

*PETS : # Dog(s) _____ # Cat(s) _____

**All pets must be registered with Castle Hills.*