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C/O #				leviatoi, se
Date			100	
СНСВ	_ Bil.		_ Lot	
Subdivision		J. Kar		

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

Name of Occupant:		·		
Address:			☐ Sewer	☐ Septic
Phone #:	Fax #:	Cell #		<u>-</u>
Drivers License #:		Email:		
Property Owner Name (if differ				
Property Owner Mailing Address	SS:			,
City:		State:	Zip	Code:
Phone #:	Email:			
IN CASE OF EMERGENCY, CON	TACT THE FOLLOWING PE	RSONS IN THE FOLLOWING	ORDER:	
NAME & PHONE NUMBER				
1		3		
2		1		<u>·</u>
I hereby certify that I have read and extended this form to the best of my knowledge. not. The granting of a license/certificat regulating construction, the performance	(All provisions of law and ordinar e does not presume to give autho se of construction or the use of an	nces governing this type of work wil rity to violate or cancel the provisio y land or buildings.)	be complied with whns of any other state	ether specified herein or or local ordinances
All application fees for Certificate of Oc inspections have been completed.				
mopositorio netto accin activipiotosis	cupancy are non-refundable. Thi	s certificate will not be issued until :	all other permits, fees	s, and building
Applicant Name (print):		s certificate will not be issued until :	all other permits, fees	s, and building
,		s certificate will not be issued until :  Date:		s, and building

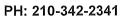
Section 1	
What is the square footage of the property?	
Will there be any building or trade permits needed for this location?  (If yes: all construction must be complete and permit inspections approved prior to CofO inspection reques	☐ YES ☐ NO
Will there be a Home Occupation (Business) at the Residence? (If yes: please complete Section 2)	☐ YES ☐ NO
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 a	any one time
Please provide description:	
Restrictions on Home Occupations:  * 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 volume to the normal home equipment 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 two-axle parcel delivery service.	
Section 3	
Will there be any animals that will need to be registered? (If yes: please fill out the Animal Registration form and provide proof of current rabies vaccination per animal.)	☐ YES ☐ NO al (max. 4 per household))
Section 4	
Will there be an alarm system installed? (If yes: please fill out the Alarm Registration form)	☐ YES ☐ NO

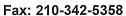
PERMIT #:_	



### Castle Hills Police Department ALARM REGISTRATION FORM

209 Lemonwood, Castle Hills, Texas 78213







	OF ALARM	dical/Distress
Burglary Robbery		, Jan 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 -
TYPE OF LOCATION WHERE	entered A	COMPANIA.
Residential Nonresidential	Institution-Finan	cial 🔲 Institution-Other
	<u>TION INFORMA</u>	
**For businesses in shopping centers, use the stree	et address and suite nun center.	nber, <i>NOT</i> the name of the shopping
Name of Resident or Business Name (D.B.A.	) at Alarm location.	
Address (Street No., Street Name, Suite, Zip Co	ode)	Phone Number
	TRANT NAME	
**Person responsible for responding to alarms, p operation of the alarm system, com		
Name (Last, First, Middle)		
1.		
2.		
Driver's License #	State	Date of Birth
1.		
2.		
Address (Street No., Street Name, Suite, Zip	Code)	Phone Number
**For a residential alarm complete this section ON	LY if the mailing/billing a	ddress is different from above. For a
nonresidential/institutional a	alarm site provide resider	tial address.
SECONDARY	CONTACT PER	SON
**Another person who is able to respond to a alarm system 24 hours a day, 7 days a week. U	larms, provide access	to the alarm site, and reset the
	also be available to re	
Name (Last, First, Middle)	Relationship	Phone Number
1.		
2.		

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DEDBUT #-	I
PERMIT #:	I
I LIXINII II.	I

<u> </u>	LARM COMPANY INFORMATION
Name	
Address	
Lic.#	Telephone
I have read the completed a	pplication and certify all information is true and correct. I accept

I have read the completed application and certify all information is true and correct. I accept responsibility for payment of penalty fees that may result from the operation of the alarm system servicing the above premises. I have listed on the reverse any hazards or unusual circumstances emergency responders may encounter such as chemicals, explosives, danger zones, pits, guard dogs, or anything that could cause illness or injury to a person unfamiliar with the premises.

Signature of Registrant:	·		
	Date:		

### Mail or bring completed application to:

Castle Hills Police Department 209 Lemonwood Castle Hills, TX 78213 (210) 342-2341

### Recycle Items Collected

- · Aluminum Cans
- Brown paper Bags
- Cardboard (flattened and DRY\*)
- · Carton/Paperboard (like Cereal Boxes)
- · Glass Bottles and Jars
- Junk Mail
- Magazines
- Newspapers (DRY only\*)
- Office Paper
- · Paper Cardboard/Dairy/Juice Containers
- · Phone Books
- Plastic Bags (tied all in one plastic bag, like a soccer ball)
- Plastic Bottles/Containers (numbers 1-7)
- · Tin or Steel Cans

\*All paper materials (newspaper, cardboard, phone books, etc.) must be clean and DRY to avoid contamination, as the sorting and processing machinery can be damaged by soiled materials.

### YOU NEED A PERMIT FOR (INSPECTION REQUIRED WHERE INDICATED):

### \*\*Any work started without a permit incurs a double fee!\*\* CALL 210-293-9675

**ADDITIONS -- INSPECTION** 

- SHED, POOL/SPA, GARAGE, CARPORT

ANY CONCRETE POUR/FOUNDATION OR FLATWORK REPAIRS -- INSPECTION

BEVERAGE (LIQUOR LICENSE COMMERCIAL)

CERTIFICATE OF OCCUPANCY (COMMERCIAL & RESIDENTIAL) -- INSPECTION

**CURB CUTS/DRIVEWAYS -- INSPECTION** 

**DECKING -- INSPECTION** 

**DEMOLITION -- INSPECTION** 

**DUMPSTER** 

**ELECTRICAL WORK -- INSPECTION** 

**ESTATE OR GARAGE SALES** 

**FENCE -- INSPECTION** 

FOOD LICENSE (FOOD TRUCKS, RESTAURANTS)

GARAGE (CONVERSION OR ADDITION) - INSPECTION

IRRIGATION/BACKFLOW - INSPECTION (REQUIRES A LICENSED IRRIGATOR/BACKFLOW SPECIALIST)

MECHANICAL (A/C AND DUCTWORK) -- INSPECTION

**NOISE PERMIT** 

PET LICENSE (NO MORE THAN 4 PETS PER HOUSEHOLD)

PLUMBING -- INSPECTION

POOLS/SPA -- INSPECTION

ELECTRICAL FOR POOL PUMPS

ROOFING / RE-ROOF -- INSPECTION

REMODEL WORK (BUT NOT COSMETIC WORK) INCLUDING 3 SETS OF ROLLED PLANS -- INSPECTION

ELECTRICAL, PLUMBING, HVAC/MECHANICAL, WATER HEATERS

`SIGNS (BOTH TEMPORARY AND PERMANENT) -- INSPECTION

**SOLICITOR** 

SPECIAL EVENT PERMIT

STRUCTURAL (WALLS, BEAMS) -- INSPECTION

TREE TRIMMING OR REMOVAL (NO OAK TRIMMING FEBRUARY 1ST TO JULY 1ST)

WATER HEATER / WATER SOFTENER -- INSPECTION

WINDOWS AND DOORS REPLACED - INSPECTION

Visit www.cityofcastlehills.com for more information on permits, permit fees and our codes of ordinances.

## CITY OF CASTLE HILLS PET REGISTRATION

### THIS IS TO CERTIFY THAT: License # \_ Has been issued Tag No. Name of Pet Dog / Cat / Other (Specify Breed of Animal) Description of pet / Colors / Distinguished Markings Owner Address Telephone Veterinarian Phone City Clerk Date MICROCHIP □ Yes $\square$ No ☐ I agree to pay for any veterinary expenses in the event my pet is injured while at large. ☐ I do not agree to pay for any veterinary expenses in the event my pet is injured while at large. Signature of Owner Date

FEE: \$10.00

Non-Spayed/Non-Neutered

Spayed/Neutered

## OUTY OF CASTLE HILLS PEUR REGISTRATION

### THIS IS TO CERTIFY THAT: License # Has been issued Tag No. Name of Pet Dog / Cat / Other (Specify Breed of Animal) Description of pet / Colors / Distinguished Markings Owner Address Telephone Veterinarian Phone City Clerk Date MICROCHIP □ Yes $\square$ No ☐ I agree to pay for any veterinary expenses in the event my pet is injured while at large. $\square$ I do not agree to pay for any veterinary expenses in the event my pet is injured while at large. Signature of Owner Date

	FEE:	\$10.00	
Spayed/Neutered  .		Non-Spayed/Non-Neutered	•

#### CHAPTER 20: SEWER SERVICE

#### Section

### Sewer Connection Required

20.101 20.102 20.102.1 20.103	Sewer connection required Permit fee Existing structures Fine
	Payment of Sewer Pro Rata Required
20.201 20.202 20.203 20.204 20.205	No permit until pro rata sewer cost paid Penalty Exception Fine for violation Illegal permits
	Monthly Sewer Use Charge
20.301 20.301.1 20.301.2 20.301.3	Requirements Sewer rates Metropolitan water district Disconnection for late payment

### SEWER CONNECTION REQUIRED

#### § 20.101 SEWER CONNECTION REQUIRED.

Every residence, place of business, or other building or place where persons reside, congregate, or are employed, which abuts a street in which there is a public sanitary sewer, or the lot or tract of land of which is at any point within 200 feet of a public sanitary sewer within the city, shall be connected to the sewer, by the owner or agent of the premises, in the most direct manner possible, and with a separate connection for each home, building, or place. The Building Inspector shall never issue a certificate of compliance or occupancy (whether on new construction or existing construction) as required under this code unless there has been full compliance with this provision, which is declared to be necessary for the public health.

('82 Code, § 20.101) (Ord. 123, passed 4-11-61) (Amended Ord. 995, 4/8/08)