



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 (Business) 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:

- * 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.

Initial

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)



Castle Hills Police Department
ALARM REGISTRATION FORM
209 Lemonwood, Castle Hills, Texas 78213
PH: 210-342-2341 Fax: 210-342-5358

PERMIT #: _____



TYPE OF ALARM

☐ Burglary ☐ Robbery ☐ Fire ☐ Medical/Distress ☐ Other

TYPE OF LOCATION WHERE SYSTEM IS USED (CHECK ONE ONLY)

☐ Residential ☐ Nonresidential ☐ Institution-Financial ☐ Institution-Other

ALARM LOCATION INFORMATION

**For businesses in shopping centers, use the street address and suite number, *NOT* the name of the shopping center.

Name of Resident or Business Name (D.B.A.) at Alarm location.

Address (Street No., Street Name, Suite, Zip Code)

Phone Number

REGISTRANT NAME

**Person responsible for responding to alarms, providing access to the alarm site, proper maintenance and operation of the alarm system, completing this application, and payment of fees.

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 *ONLY* if the mailing/billing address is different from above. For a nonresidential/institutional alarm site provide residential address.

SECONDARY CONTACT PERSON

**Another person who is able to respond to alarms, provide access to the alarm site, and reset the alarm system 24 hours a day, 7 days a week. Use the reverse of this form to provide additional names of people who would also be available to respond.

Name (Last, First, Middle)

Relationship

Phone Number

1.

2.

PERMIT #: _____

ALARM COMPANY INFORMATION

Name

Address

Lic. #

Telephone

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

_____ Sex _____
Dog / Cat / Other (Specify Breed of Animal)

Description of pet / Colors / Distinguished Markings

Owner Address Telephone

Veterinarian Phone

City Clerk Date

MICROCHIP ☐ Yes ☐ 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

Spayed/Neutered ☐

Non-Spayed/Non-Neutered ☐

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Signature of Owner Date

FEE: \$10.00

Spayed/Neutered ☐

Non-Spayed/Non-Neutered ☐

CHAPTER 20: SEWER SERVICE

Section

Sewer Connection Required

- 20.101 Sewer connection required
- 20.102 Permit fee
- 20.102.1 Existing structures
- 20.103 Fine

Payment of Sewer Pro Rata Required

- 20.201 No permit until pro rata sewer cost paid
- 20.202 Penalty
- 20.203 Exception
- 20.204 Fine for violation
- 20.205 Illegal permits

Monthly Sewer Use Charge

- 20.301 Requirements
- 20.301.1 Sewer rates
- 20.301.2 Metropolitan water district
- 20.301.3 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)