



# City of Cibolo

Planning & Engineering Department

200 South Main Street

P.O. Box 826

Cibolo, TX 78108

Phone: (210) 658 - 4175

**Office Use Only:**

Reviewed by:

Initials

Date

## PERMIT APPLICATION - MANUFACTURED / MOBILE HOME PLACEMENT

Please fill out this form completely, supplying all necessary information and documentation to support your request.

**Your application will not be accepted until the application is completed and required information provided.**

**Contractor:**

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Property Owner:\***

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

*\*If homeowner completing project personally-see Homeowner Statement*

**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)

Property Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_

Name of Manufactured Home Park: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Park Manager:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Park Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Structure:  New  Replacement Manufactured Home Valuation: \$ \_\_\_\_\_

Septic:  Yes  No

Dimensions: \_\_\_\_\_ x \_\_\_\_\_ Square Footage of Structure: \_\_\_\_\_

Age of structure to be moved onto the property: \_\_\_\_\_

Continued on back

Structure to be placed in Flood Zone/Plain/Way:  Yes  No (if yes, an Elevation Certificate is required)

Requirements:

Permits for utility hook ups are required (Electrical, Plumbing & Mechanical (HVAC))

Site plan showing location of structure with setbacks to property lines

Permit includes stairs and landings

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**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 with 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, MANAGER OR AUTHORIZED AGENT)

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DATE

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

Updated: 1/4/2023

CDS 037