

UNIFIED APPLICATION FORM FOR BUILDING PERMIT

- SIMPLE COMPLEX*
 NEW RENEWAL AMENDATORY

THIS APPLIES ALSO FOR: LOCATIONAL CLEARANCE FIRE SAFETY EVALUATION CLEARANCE

APPLICATION NO.

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AREA NO.

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BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE APPLICANT)

OWNER/APPLICANT	LASTNAME	FIRST NAME	M.I.	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE		FORM OF OWNERSHIP		
ADDRESS: NO.,	STREET,	BARANGAY,	CITY/MUNICIPALITY	ZIP CODE
LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____				CURRENT TAX DEC. NO. _____
STREET _____ BARANGAY _____ CITY/MUNICIPALITY OF _____				
SCOPE OF WORK				
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RENOVATION	<input type="checkbox"/> RAISING		
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION	<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE		
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> LEGALIZATION OF EXISTING BUILDING		
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING	<input type="checkbox"/> OTHERS (Specify) _____		
USE OR CHARACTER OF OCCUPANCY				
<input type="checkbox"/> GROUP A : RESIDENTIAL (DWELLINGS)		<input type="checkbox"/> GROUP E : COMMERCIAL		<input type="checkbox"/> GROUP H : ASSEMBLY (OCCUPANT LOAD LESS THAN 1,000)
<input type="checkbox"/> SINGLE <input type="checkbox"/> DUPLEX <input type="checkbox"/> RESIDENTIAL R-1, R-2		<input type="checkbox"/> BANK <input type="checkbox"/> STORE <input type="checkbox"/> SHOPPING CENTER / MALL		<input type="checkbox"/> THEATER, AUDITORIUM, CONVENTION HALL, GRANDSTAND/ BLEACHER
<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> DRINKING / DINING ESTABLISHMENT		<input type="checkbox"/> OTHERS _____
<input type="checkbox"/> GROUP B : RESIDENTIAL		<input type="checkbox"/> SHOP (i.e. DRESS SHOP, TAILORING, BARBERSHOP, etc.)		<input type="checkbox"/> GROUP I : ASSEMBLY (OCCUPANT LOAD 1,000 OR MORE)
<input type="checkbox"/> HOTEL <input type="checkbox"/> MOTEL <input type="checkbox"/> TOWNHOUSE		<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> COLISEUM, SPORTS COMPLEX, CONVENTION CENTER AND SIMILAR STRUCTURE
<input type="checkbox"/> DORMITORY <input type="checkbox"/> BOARDINGHOUSE, LODGING HOUSE		<input type="checkbox"/> GROUP F : LIGHT INDUSTRIAL		<input type="checkbox"/> OTHERS _____
<input type="checkbox"/> RESIDENTIAL R-3, R-4, R-5		<input type="checkbox"/> FACTORY / PLANT (USING INCOMBUSTIBLE/ NON-EXPLOSIVE MATERIALS)		<input type="checkbox"/> GROUP J : (J-1) AGRICULTURAL
<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> BARN, GRANARY, POULTRY HOUSE, PIGGERY, GRAIN MILL, GRAIN SILO
<input type="checkbox"/> GROUP C : EDUCATIONAL & RECREATIONAL		<input type="checkbox"/> GROUP G : MEDIUM INDUSTRIAL		<input type="checkbox"/> OTHERS _____
<input type="checkbox"/> SCHOOL BUILDING <input type="checkbox"/> SCHOOL AUDITORIUM, GYMNASIUM		<input type="checkbox"/> STORAGE / WAREHOUSE (FOR HAZARDOUS/ HIGHLY FLAMMABLE MATERIALS)		<input type="checkbox"/> GROUP J : (J-2) ACCESSORIES
<input type="checkbox"/> CIVIC CENTER <input type="checkbox"/> CHURCH, MOSQUE, TEMPLE, CHAPEL		<input type="checkbox"/> FACTORY (FOR HAZARDOUS/ HIGHLY FLAMMABLE MATERIALS)		<input type="checkbox"/> PRIVATE CARPORT / GARAGE, TOWER, SWIMMING POOL, FENCE OVER 1.80m, STEEL / CONCRETE TANK
<input type="checkbox"/> CLUBHOUSE <input type="checkbox"/> OTHERS _____		<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> OTHERS _____
<input type="checkbox"/> GROUP D : INSTITUTIONAL		TOTAL ESTIMATED COST: P _____		
<input type="checkbox"/> HOSPITAL OR SIMILAR STRUCTURE		BUILDING _____		
<input type="checkbox"/> HOME FOR THE AGED		ELECTRICAL _____		
<input type="checkbox"/> GOVERNMENT OFFICE		MECHANICAL _____		
<input type="checkbox"/> OTHERS _____		ELECTRONICS _____		
OCCUPANCY CLASSIFIED _____		PLUMBING _____		
NUMBER OF UNITS _____		COST OF EQUIPMENT INSTALLED: P _____		
NUMBER OF STOREY _____		P _____		
TOTAL FLOOR AREA _____ SQ. M.		P _____		
LOT AREA _____ SQ. M.		P _____		
PROPOSED DATE OF CONSTRUCTION: _____		EXPECTED DATE OF COMPLETION: _____		

DONOT FILL-UP (PSA USE ONLY)

BOX 2

FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS (REPRESENTING THE OWNER)	
<p>_____</p> <p>ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Over Printed Name) Date _____</p>	Address _____
	PRC No. _____ Validity _____
	PTR No. _____ Date Issued _____
	Issued at _____ TIN _____

BOX 3

APPLICANT:
_____ Date _____
(Signature Over Printed Name)
Address _____
Gov't Issued ID No. _____ Date Issued _____ Place Issued _____

BOX 4

WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE
_____ Date _____
(Signature Over Printed Name)
Address _____
Gov't Issued ID No. _____ Date Issued _____ Place Issued _____

BOX 5

REPUBLIC OF THE PHILIPPINES) CITY/MUNICIPALITY OF <u>DAANBANTAYAN</u>) S.S	
BEFORE ME, at the City/Municipality of _____, on _____ personally appeared the following:	
_____	APPLICANT
_____	Gov't Issued ID No. _____ Date Issued _____ Place Issued _____
_____	LICENSED ARCHITECT OR CIVIL ENGINEER (Full-Time Inspector and Supervisor of Construction Works)
_____	Gov't Issued ID No. _____ Date Issued _____ Place Issued _____
whose signatures appear hereinabove, known to me to be the same persons who executed this standard prescribed form and acknowledged to me that the same is their free and voluntary act and deed.	
WITNESS MY HAND AND SEAL on the date and place above written.	
Doc. No. _____ Page No. _____ Book No. _____ Series of _____	_____ NOTARY PUBLIC (Until December _____)