

UNIFIED APPLICATION FORM FOR BUILDING PERMIT

- SIMPLE COMPLEX*
 NEW RENEWAL AMENDATORY

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

DO NOT FILL-UP (PSA USE ONLY)

BOX 2

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

BOX 3

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

BOX 4

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

BOX 5

REPUBLIC OF THE PHILIPPINES) CITY/MUNICIPALITY OF _____) 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 _____)

*May require additional requirements