



APPLICATION FORM FOR BUILDING PERMIT

- SIMPLE COMPLEX
 NEW RENEW AMENDATORY

APPLICATION NO.

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AREA NO.

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

DO NOT FILL-UP (PSA USE ONLY)

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 TELEPHONE NO.
LOCATION OF CONSTRUCTION: LOT NO. _____ BLK. NO. _____ TCT NO. _____ 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"/> OTHERS (Specify) _____		
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING			
USE OF CHARACTER OF OCCUPANCY				
<input type="checkbox"/> GROUP A : RESIDENTIAL, DWELLINGS	<input type="checkbox"/> GROUP F : INDUSTRIAL	<input type="checkbox"/> OTHERS (Specify) _____		
<input type="checkbox"/> GROUP B : RESIDENTIAL HOTEL, APARTMENT	<input type="checkbox"/> GROUP G : INDUSTRIAL STORAGE AND HAZARDOUS			
<input type="checkbox"/> GROUP C : EDUCATIONAL, RECREATIONAL	<input type="checkbox"/> GROUP H : RECREATIONAL, ASSEMBLY OCCUPANT LOAD LESS THAN 1000			
<input type="checkbox"/> GROUP D : INSTITUTIONAL	<input type="checkbox"/> GROUP I : RECREATIONAL, ASSEMBLY OCCUPANT LOAD 1000 OR MORE			
<input type="checkbox"/> GROUP E : BUSINESS AND MERCANTILE	<input type="checkbox"/> GROUP J : AGRICULTURAL, ACCESSORY			
OCCUPANCY CLASSIFIED _____		TOTAL ESTIMATED COST P _____		
NUMBER OF UNITS _____		PROPOSED DATE OF CONSTRUCTION _____		
TOTAL FLOOR AREA _____ SQUARE METERS		IF CONSTRUCTION WAS UNDERTAKEN BY CONTRACT: _____		
LOT AREA _____ SQUARE METERS				
AUTHORIZED MANAGING OFFICER (Signature Over Printed Name) _____ EXPECTED DATE OF COMPLETION _____				

BOX 2

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

BOX 3

APPLICANT:
_____ (Signature Over Printed Name) Date _____
Address _____
CTC No _____ Date Issued _____ Place Issued _____

BOX 4

WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE
_____ (Signature Over Printed Name) Date _____
Address _____
CTC No _____ Date Issued _____ Place Issued _____

BOX 5

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

BEFORE ME, at the City/Municipality of _____, on _____ personally appeared the following:

_____ APPLICANT (Signed Over Printed Name)	_____ CTC No.	_____ Date Issued	_____ Place Issued
_____ LICENSED ARCHITECT OR CIVIL ENGINEER (Full-Time Inspector and Supervisor of Construction Works) (Signed and Sealed Over Printed Name)	_____ CTC No.	_____ Date Issued	_____ Place Issued

whose signatures appear herein above, 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 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 _____)

ASSESSED FEES	BASIS OF ASSESSMENT	AMOUNT DUE	ASSESSED BY
<input type="checkbox"/> FILING FEE			
<input type="checkbox"/> PROCESSING FEE			
<input type="checkbox"/> LOCATIONAL / ZONING OF LAND USE			
<input type="checkbox"/> LINE AND GRADE (Geodetic)			
<input type="checkbox"/> FENCING			
<input type="checkbox"/> ARCHITECTURAL			
<input type="checkbox"/> CIVIL / STRUCTURAL			
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> SANITARY			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> ELECTRONICS			
<input type="checkbox"/> INTERIOR			
<input type="checkbox"/> FIRE CODE CONSTRUCTION TAX			
<input type="checkbox"/> SURCHARGES			
<input type="checkbox"/> PENALTIES			
TOTAL			

TERMS AND CONDITIONS

1. The Owner/Permittee shall accomplish the prescribed Application Form, with the assistance of the concerned design professionals and/or the Architect/Civil Engineer, hired/commissioned by the Owner/Permittee as full-time inspector/supervisor of the construction works, by filling up the necessary data / information required thereat.
2. The fully accomplished prescribed Application Form, duly notarized, shall be submitted to the concerned Office or the Building Official accompanied by the various applicable ancillary and accessory permits, plans and specifications signed and sealed by the corresponding design professionals who shall be responsible for the comprehensive and correctness of the plans in compliance to the National Building Code (PD 1096), its IRR and to all applicable referral codes and professional regulatory laws, together with the other documentary requirements pursuant to Section 302 of PD 1096 and its IRR.