



Republic of the Philippines
Municipality of Hinigaran
Province of Negros Occidental
OFFICE OF THE BUILDING OFFICIAL

DOCUMENTARY REQUIREMENTS FOR BUILDING PERMIT APPLICATION
(Single Dwelling Residential/Commercial/Industrial/Others)

- ☐ Five **(5) copies** of filled up Unified Form for Building Permit and FSEC
☐ Filled up Application Form for Locational Clearance **(5 Copies)**
☐ Current Real Property Tax Receipt & Tax Declaration **(5 Copies)**
☐ Original Certificate of Title (OCT) / Transfer Certificate of Title (TCT) / Deed of Absolute Sale / Contract of Sale / Contract of Lease **(5 Copies)**
☐ Lot Plan / Vicinity Map **(5 Copies)**
☐ Five (5) Sets of **Survey Plan, Design Plans and Documents** such as;

- | | |
|---|---|
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Specifications (5 Copies) |
| <input type="checkbox"/> Civil / Structural | <input type="checkbox"/> Voltage Drop (5 Copies) |
| <input type="checkbox"/> Electrical | |
| <input type="checkbox"/> Mechanical | |
| <input type="checkbox"/> Sanitary | |
| <input type="checkbox"/> Plumbing | |
| <input type="checkbox"/> Electronics | |
| <input type="checkbox"/> Geodetic | |
| <input type="checkbox"/> Fire Protection Plan (if applicable) | |

- ☐ Four (4) Photocopies of Valid License (PRC ID) of Signing Professionals
☐ **(5) Notarized** Estimated Value of the Building/Structure to be erected as Declared by the Owner
☐ Construction Safety and Health Program (if applicable)
☐ Affidavit of Undertaking
☐ Soil Test (applicable for 3-Storey and Above) **(5 Copies)**
☐ Structural Analysis (applicable for 2-Storey and Above) **(5 Copies)**
☐ CTC of Owner **(5 Copies)**

REMARKS:

- ☐ Complete Documents
☐ Incomplete Documents

Name of Receiving Officer : _____
Date and Time Received : _____
Signature : _____

Instructions:

- All Application forms are available at the Office of the Building Official
- Please include this checklist & (1) LONG BROWN ENVELOPE when submitting the above documents in fully accomplished forms and requirements, fastened in a Long Folder separate from the Plans.
- Bring this Checklist with detachable claim Stub when submitting your application.
- **ONLY COMPLETE AND COMPLIANT APPLICATION WILL BE ACCEPTED**
- Keep your claim stub at all times. **“NO CLAIM STUB, NO RELEASE POLICY”**

CLAIM STUB

Application No. : _____

Date and Time Applied/Submitted : _____

Return Date : _____

Receiving Officer : _____

Name of Applicant/Owner : _____

Project Title : _____

Location of Project : _____



NOTE: Bring this claim stub upon claiming the Order of Payment, Building Permit, FSEC & Other Documents

_For your application update and inquiries, Call Landline Number 3917-390, CP no. _



Republic of the Philippines
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UNIFIED APPLICATION FORM FOR BUILDING PERMIT

THIS APPLIES ALSO FOR :

APPLICATION NO.

AREA NO.

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

DO NOT FILL-UP (PSA USE ONLY)

OWNER / APPLICANT	LAST NAME	FIRSTNAME	M.I.	TIN
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FOR CONSTRUCTION OWNED BY AN ENTERPRISE	FORM OF OWNERSHIP
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ADDRESS	NO,	STREET,	BARANGAY,	CITY/MUNICIPALITY	ZIP CODE	CONTACT NO.
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LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ CURRENT TAX DEC NO. _____
STREET _____ BARANGAY _____ CITY/ MUNICIPALITY OF _____
SCOPE OF WORK :

USE OR CHARACTER OF OCCUPANCY		
<input type="checkbox"/> GROUP A : RESIDENTIAL (DWELLINGS 1,000/MORE	<input type="checkbox"/> GROUP E : COMMERCIAL	<input type="checkbox"/> GROUP I : ASSEMBLY (OCCUPANT LOAD
<input type="checkbox"/> GROUP B : RESIDENTIAL	<input type="checkbox"/> GROUP F : LIGTH INDUSTRIAL	<input type="checkbox"/> GROUP J : (J-1) AGRICULTURAL
<input type="checkbox"/> GROUP C : EDUCATIONAL & RECREATIONAL	<input type="checkbox"/> GROUP G : MEDIUM INDUSTRIAL	<input type="checkbox"/> GROUP J : (J-2) ACCESSORIES
<input type="checkbox"/> GROUP D : INSTITUTIONAL	<input type="checkbox"/> GROUP H : ASSEMBLY (OCCUPANT LOAD LESS THAN 1,000)	

OCCUPANCY CLASSIFIED: _____	TOTAL ESTIMATED COST: P _____	
NUMBER OF UNITS _____	BUILDING _____	COST OF EQUIPMENT INSTALLED
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: _____	

BOX 2

FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS (REPRESENTING THE OWNER)

<div>_____ Architect or Civil Engineer (Sign and Seal Over Printed Name) Date _____</div>	Address:	
	PRC No.	Validity
	PTR No.	Date Issued
	Issued at	TIN

BOX 3

BOX 4

<div>_____ (Signature Over Printed Name) Date _____</div>			<div>_____ (Signature Over Printed Name) Date _____</div>		
Address:			Address:		
Gov't Issued ID No.	Date Issued	Place Issued	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:			
<div>_____ APPLICANT</div>	Gov't Issued ID No.	Date Issued	Place Issued
<div>_____ LICENSED ARCHITECT OR CIVIL ENGINEER (Full-Time Inspector and Supervisor of Construction Works)</div>	Gov't Issued ID No.	Date Issued	Place Issued
whose signatures appear hereto 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 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 _____)	

ASSESEED FEES	ACCOUNT	BASIE OF ASSESSMENT	AMOUNT DUE	ASSESSED BY
FOR ZONING (ZONING ADMINISTRATOR):				
<input type="checkbox"/> LOCATIONAL / ZONING OF LAND				
FOR BUILDING / STRUCTURE (OBO):				
<input type="checkbox"/> FILING FEE <input type="checkbox"/> G FEE				
<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"/> SURCHARGES				
<input type="checkbox"/> PENALTIES				
FOR FIRE SAFETY (BFP):				
<input type="checkbox"/> FIRE CODE CONSTRUCTION TAX				
<input type="checkbox"/> HOTWORKS				
TOTAL				

TERMS AND CONDITIONS:

1. The Owner/Applicant shall accomplish the prescribed Application Form, with the assistance of the concerned design professional/s and/or the Architect/Civil Engineer, hired/commissioned by him/her 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 of 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 of the Philippines (PD 1096), its Revised IRR and all applicable referral codes and professional regulatory laws, together with the other documentary requirements pursuant to Section 302 of PD 1096 and its Revised IRR.

I have read this form, understood its contents and consent to the processing of my personal data. I understand that my consent does not preclude the existence of other criteria for lawful processing of personal data, and does not waive any of my rights under the Data Privacy Act of 2012 and other applicable laws.

SIGNATURE OVER PRINTED NAME OF OWNER/APPLICANT