



MUNICIPALITY OF SAN FRANCISCO LAND USE PLANNING  
PROCESS SUB URBAN CONTROL  
PROCESS BUILDING PERMIT APPLICATION

Date of admission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

OWNER INFORMATION:

Name or Company Name		Physical or Legal Certificate
Phone Number	Fax Number	Email

Tax Address (Address):	

PROPERTY LOCATION			
DISTRICT		QUARTER	
EXACT ADDRESS			
OTHER SIGNS			

INSCRIPTION IN THE PUBLIC REGISTRY Folio	
Real:	In front of Public Street: _____mts
Land Area:	m² Cadastral Plan No.: _____

PERMISSION FOR:			
<input type="checkbox"/> Build	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demolition	<input type="checkbox"/> Other _____

TYPE OF WORK:			
<input type="checkbox"/> Housing	<input type="checkbox"/> Urbanization	<input type="checkbox"/> Industry Type:	<input type="checkbox"/> Parking
<input type="checkbox"/> Bureaux	<input type="checkbox"/> Group Housing	<input type="checkbox"/> Tourism:	<input type="checkbox"/> Other:
<input type="checkbox"/> Local Commercial N°:	<input type="checkbox"/> Condominium:	<input type="checkbox"/> Sportive:	_____

CONSTRUCTION AREA:	
Square meters m²: _____	Number of floors: _____

VALUE OF THE WORK	Value m²: ₡ _____
Total Cost: ₡ _____	

Predominant Materials:

Floors:	<input type="checkbox"/> Concrete <input type="checkbox"/> Lujado	<input type="checkbox"/> Mosaic or Terrazzo <input type="checkbox"/> Wood	<input type="checkbox"/> Ceramic <input type="checkbox"/> Other:
Walls:	<input type="checkbox"/> Block <input type="checkbox"/> Zocalo	<input type="checkbox"/> Prefabricated <input type="checkbox"/> Wood	<input type="checkbox"/> Fibrolit <input type="checkbox"/> Other:
Roof:	<input type="checkbox"/> Galvanized Iron <input type="checkbox"/> Structural Sheet	<input type="checkbox"/> Galvanized Roof Tile <input type="checkbox"/> Roof Tile	<input type="checkbox"/> Polycarbonate <input type="checkbox"/> Other:

Estimated Duration of Work to Be Performed: (Specify)

☐ Days:                      ☐ Months:                      ☐ Year:

SIDEWALK CLOSURE: (Time)

DATE:

Of the

Days:                      ☐ Months:                      To the

FINANCING

(Marque únicamente el de mayor aporte)

☐ Bank, Mutual, etc                      ☐ Bond Housing                      ☐ Exonerated                      ☐ Other:

☐ Declaratory of interest social Issued by th agen authoritative

NAME AND SIGNATURE OF THE PROFESSIONAL RESPONSIBLE FOR THE WORK

REGISTRATION NUMBER:

SIGNATURE OF THE OWNER OR LEGAL REPRESENTATIVE

REGISTRATION NO.

REMARKS: