

UNIFIED APPLICATION FORM FOR BUILDING PERMIT

☐ SIMPLE ☐ COMPLEX*

☐ NEW ☐ RENEWAL ☐ AMENDATORY

THIS APPLIES ALSO FOR: ☐ LOCATIONAL CLEARANCE ☐ FIRE SAFETY EVALUATION CLEARANCE

APPLICATION NO.[illegible]AREA NO.[illegible]**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									
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <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 _____ </div> <div style="width: 33%;"> <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 _____ </div> <div style="width: 33%;"> <input type="checkbox"/> GROUP H : ASSEMBLY (OCCUPANT LOAD LESS THAN 1,000) <input type="checkbox"/> THEATER, AUDITORIUM, CONVENTION HALL <input type="checkbox"/> GRANDSTAND / BLEACHER <input type="checkbox"/> OTHERS _____ </div> </div>									
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <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, <input type="checkbox"/> RESIDENTIAL R-3, R-4, R-5 LODGING HOUSE <input type="checkbox"/> OTHERS _____ </div> <div style="width: 33%;"> <input type="checkbox"/> GROUP F : LIGHT INDUSTRIAL <input type="checkbox"/> FACTORY / PLANT (USING INCOMBUSTIBLE/ NON-EXPLOSIVE MATERIALS) <input type="checkbox"/> OTHERS _____ </div> <div style="width: 33%;"> <input type="checkbox"/> GROUP I : ASSEMBLY (OCCUPANT LOAD 1,000 OR MORE) <input type="checkbox"/> COLISEUM, SPORTS COMPLEX, <input type="checkbox"/> CONVENTION CENTER AND SIMILAR STRUCTURE <input type="checkbox"/> OTHERS _____ </div> </div>									
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> GROUP C : EDUCATIONAL & RECREATIONAL <input type="checkbox"/> SCHOOL BUILDING <input type="checkbox"/> SCHOOL AUDITORIUM, <input type="checkbox"/> CIVIC CENTER GYMNASIUM <input type="checkbox"/> CLUBHOUSE <input type="checkbox"/> CHURCH, MOSQUE, <input type="checkbox"/> OTHERS TEMPLE, CHAPEL </div> <div style="width: 33%;"> <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 _____ </div> <div style="width: 33%;"> <input type="checkbox"/> GROUP J : (J-1) AGRICULTURAL <input type="checkbox"/> BARN, GRANARY, POULTRY HOUSE, <input type="checkbox"/> PIGGERY, GRAIN MILL, GRAIN SILO <input type="checkbox"/> OTHERS _____ </div> </div>									
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <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 _____ </div> <div style="width: 33%;"> <input type="checkbox"/> GROUP J : (J-2) ACCESSORIES <input type="checkbox"/> PRIVATE CARPORT / GARAGE, TOWER, <input type="checkbox"/> SWIMMING POOL, FENCE OVER 1.80m, <input type="checkbox"/> STEEL / CONCRETE TANK <input type="checkbox"/> OTHERS _____ </div> </div>									
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: _____					

DO NOT FILL-UP (PSA USE ONLY)

■	■	■	■	■	■
■					
■	■	■	■	■	■
■	■	■	■	■	■
■	■		■	■	
■	■	■	■	■	■
■	■				
■	■	■	■	■	■
■	■	■	■	■	
■	■	■			
■	■				

BOX 2

FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS (REPRESENTING THE OWNER)		
<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 10px;"></div> <div style="text-align: center;"> ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Over Printed Name) Date _____ </div>	Address	
	PRC No.	Validitv
	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 <div style="display: flex; justify-content: space-between; margin-top: 40px;"> _____ _____ </div> <div style="display: flex; justify-content: center; margin-top: 5px;"> (Signature Over Printed Name) </div>		
Address _____		
Gov't Issued ID 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	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. _____	NOTARY PUBLIC (Until December _____)		
Book No. _____			
Series of _____			

BOX 6 (TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION)				
ASSESSED FEES	ACCOUNT	BASIS OF ASSESSMENT	AMOUNT DUE	ASSESSED BY
FOR ZONING (ZONING ADMINISTRATOR):				
<input type="checkbox"/> LOCATIONAL / ZONING OF LAND				
FOR BUILDING / STRUCTURE (OBO):				
<input type="checkbox"/> FILIN				
<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:

- 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.
- 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