



Republic of the Philippines
PROVINCE OF LAGUNA
MUNICIPALITY OF LOS BAÑOS

Office of the Zoning Administrator

Application No.
Date of Receipt

APPLICATION FOR LOCATIONAL CLEARANCE/ CERTIFICATE OF ZONING COMPLIANCE

1. NAME OF APPLICANT Last First Middle	2. NAME OF CORPORATION
3. ADDRESS OF APPLICANT	4. ADDRESS OF CORPORATION
5. NAME OF AUTHORIZED REPRESENTATIVE	6. ADDRESS OF AUTHORIZED REPRESENTATIVE
7. PROJECT TYPE	8. PROJECT NATURE / / New Development / / Improvement / / Others (Specify) _____
9. PROJECT LOCATION No. St. Bgy. Municipality Province	10. PROJECT AREA (in square meters) Lot Area _____ Building/ Improvement Area _____
11. RIGHT OVER LAND / / Owner / / Lessee / / Others (Specify) _____	12. PROJECT TENURE / / Permanent / / Temporary (specify years) _____
13. EXISTING LAND USES OF PROJECT SITE / / Residential / / Industrial / / Vacant Idle / / Non-Tenanted / / Institutional / / Commercial / / Agricultural / / Others (Specify) _____ / / Tenanted	
14. PROJECT COST/ CAPITALIZATION (In PESOS, write in words and figures)	
15. IS THE SUBJECT APPLIED FOR, THE SUBJECT OF WRITTEN NOTICE(S) FROM THIS COMMISSION AND/OR DEPUTIZED ZONING ADMINISTRATOR TO THE EFFECT OF REQUIRING FOR PRESENTATION OF LOCATIONAL CLEARANCE/ CERTIFICATE OF ZONING COMPLIANCE (LC/CZC) OR TO APPLY FOR LC/CZC? / / Yes / / No If yes, please answer the following: 15.a) Name of HLURB Office or Zoning Administrator who issued the notice: _____ 15.b) Date(s) filed: _____ 15.c) Order/ request indicated in the Notice(s): _____	
16. IS THE PROJECT APPLIED FOR THE SUBJECT OF SIMILAR APPLICATION(S) WITH ORDER FROM OFFICES OF THE COMMISSION AND/OR DEPUTIZED ONING ADMINISTRATOR? / / Yes / / No If yes, please answer the following: 16.a) Other HLURB Office(s) where similar application(s) was/were filed: _____ 16.b) Date(s) filed: _____ 16.c) Action(s) taken by office(s) mentioned in 16.a: _____	
17. PREFERRED MODE OF RELEASE OF DECISION: / / Pick-up / / By Mail, addressed to: / / Authorized Representative / / Applicant	
18. SIGNATURE OF APPLICANT	19. SIGNATURE OF AUTHORIZED REPRESENTATIVE

Republic of the Philippines)
Province of Laguna) S.S.
MUNICIPALITY OF LOS BAÑOS)
X ----- X

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____, at the Municipality of Los Baños, Laguna, affiant exhibited to me his/her Community Tax Certificate No. _____ issued at _____ on _____, 20 _____.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____