

UNIFIED APPLICATION FORM FOR BUILDING PERMIT

☐ SIMPLE

☐ COMPLEX*

NEW

☐ RENEWAL☐ AMENDATORY

THIS APPLIES ALSO FOR : ☐ LOCATIONAL CLEARANCE

☐ FIRE SAFETY EVALUATION CLEARANCE

APPLICATION NO.

AREA NO.

[illegible][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,	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				
<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 _____				
<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 <input type="checkbox"/> LODGING HOUSE <input type="checkbox"/> OTHERS _____				
<input type="checkbox"/> GROUP C : EDUCATIONAL & RECREATIONAL <input type="checkbox"/> SCHOOL BUILDING <input type="checkbox"/> SCHOOL AUDITORIUM, <input type="checkbox"/> CIVIC CENTER <input type="checkbox"/> GYMNASIUM <input type="checkbox"/> CLUBHOUSE <input type="checkbox"/> CHURCH, MOSQUE, <input type="checkbox"/> OTHERS <input type="checkbox"/> TEMPLE, CHAPEL				
<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 _____				
<input type="checkbox"/> GROUP E : COMMERCIAL <input type="checkbox"/> BANK <input type="checkbox"/> STORE <input type="checkbox"/> SHOPPING <input type="checkbox"/> DRINKING / DINING CENTER / MALL <input type="checkbox"/> ESTABLISHMENT <input type="checkbox"/> SHOP (i.e. DRESS SHOP, TAILORING, BARBERSHOP, etc.) <input type="checkbox"/> OTHERS _____				
<input type="checkbox"/> GROUP F : LIGHT INDUSTRIAL <input type="checkbox"/> FACTORY / PLANT (USING INCOMBUSTIBLE/ NON-EXPLOSIVE MATERIALS <input type="checkbox"/> OTHERS _____				
<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 _____				
<input type="checkbox"/> GROUP H : ASSEMBLY (OCCUPANT LOAD LESS THAN 1,000) <input type="checkbox"/> THEATER, AUDITORIUM, CONVENTION HALL, GRANDSTAND/ BLEACHER <input type="checkbox"/> OTHERS _____				
<input type="checkbox"/> GROUP I : ASSEMBLY (OCCUPANT LOAD 1,000 OR MORE) <input type="checkbox"/> COLISEUM, SPORTS COMPLEX, CONVENTION CENTER AND SIMILAR STRUCTURE <input type="checkbox"/> OTHERS _____				
<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 _____				
<input type="checkbox"/> GROUP J : (J-2) ACCESSORIES <input type="checkbox"/> PRIVATE CARPORT / GARAGE, TOWER, SWIMMING POOL, FENCE OVER 1.80m, STEEL / CONCRETE TANK <input type="checkbox"/> OTHERS _____				
OCCUPANCY CLASSIFIED _____		TOTAL ESTIMATED COST: P _____		
NUMBER OF UNITS _____		BUILDING _____		
NUMBER OF STOREY _____		ELECTRICAL _____		
TOTAL FLOOR AREA _____ SQ. M.		MECHANICAL _____		
LOT AREA _____ SQ. M.		ELECTRONICS _____		
		PLUMBING _____		
PROPOSED DATE OF CONSTRUCTION: _____		EXPECTED DATE OF COMPLETION: _____		
		COST OF EQUIPMENT INSTALLED: _____		
		P _____		
		P _____		
		P _____		
		P _____		

DO NOT FILL-UP (PSA USE ONLY)

[illegible]

BOX 2

FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS (REPRESENTING THE OWNER)		
<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="text-align: center;"> ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Over Printed Name) Date </div>	Address	
	PRC No.	Validity
	PTR No.	Date Issued
	Issued at	TIN

BOX 3

APPLICANT: _____ Date _____ (Signature Over Printed Name)			WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE _____ Date _____ (Signature Over Printed Name)		
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:			
_____ 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. _____ Book No. _____ Series of _____	_____ NOTARY PUBLIC (Until December _____)		

Copy 1: Owner

Copy 2: OBO

Copy 3: BFP

Copy 4: Philippine Statistics Authority

*May require additional requirements