

Republic of the Philippines Province of Laguna Calamba City BARANGAY LOOC



BUILDING PERMIT

NAME	:
CONTACT NO.	:
ADDRESS	:
REQUIREMENTS:	
□ Valid ID's (2)	
□ Home Owners F	Residency
STATUS:	
□ Pending	
□ Approved	
□ Reject	
* If Necessary	
REMARKS:	
□ Comp	olete Documents
□ Incom	nplete Documents (Please comply documents with unchecked boxes.)
Name of Receiving Offic	eer :
Date & Time Returned	:
Signature of Applicant	: <u></u>
NOTES:	
The application form is available on the website. ONLY A COMPLETE APPLICATION WILL BE ACCEPTED. Bring this Checklist with detachable Claim Stub when submitting your application. Keep your CLAIM STUB at all times; "NO CLAIM STUB, NO RELEASE".	
CLAIM STUB	
Application No. Time & Date Applied/Submitt Return Date Receiving Officer	:
Name of Applicant/Owner Location of Project Project Title	Signature over Printed Name)

NOTE: Bring this claim stub upon claiming the Building Permit.