

Application No. \_\_\_\_\_  
Date of Receipt \_\_\_\_\_

O.R. No. \_\_\_\_\_  
Date of Issued \_\_\_\_\_  
Amount Paid \_\_\_\_\_

**APPLICATION FOR LOCATIONAL CLEARANCE/CERTIFICATION OF ZONING COMPLIANCE**

1. Name of Applicant	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 <input type="checkbox"/> New Development <input type="checkbox"/> Existing Others ( specify )											
9. Project Location	10. Project Tenure <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary ( specify )											
11. Right over land <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Others (specify)	12. Project Area ( In sq. m. ) Lot _____ Building / Improvement _____											
13. Existing land use of project site <table><tr><td><input type="checkbox"/> Residential</td><td><input type="checkbox"/> Industrial</td><td><input type="checkbox"/> Vacant / Idle</td></tr><tr><td><input type="checkbox"/> Institutional</td><td><input type="checkbox"/> Others</td><td><input type="checkbox"/> Agricultural (specify crops)</td></tr><tr><td><input type="checkbox"/> Commercial</td><td></td><td></td></tr></table>				<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	<input type="checkbox"/> Vacant / Idle	<input type="checkbox"/> Institutional	<input type="checkbox"/> Others	<input type="checkbox"/> Agricultural (specify crops)	<input type="checkbox"/> Commercial		
<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	<input type="checkbox"/> Vacant / Idle										
<input type="checkbox"/> Institutional	<input type="checkbox"/> Others	<input type="checkbox"/> Agricultural (specify crops)										
<input type="checkbox"/> Commercial												
14. Project Cost / Estimate ( in pesos write in words ) P _____												
15. Is the project applicant for the subject written articles from the Board and/or deputized zoning administrator to the Effect requirement for presentation of locational clearance/s certificate of zoning compliance. If yes, please answer. a. Name of HLURB Officer or Zoning Administrator who issued the notice _____ b. Date of notice/s _____ c. Order / requesting indicated in the notice/s _____												
16. Is the project applied for the subject of similar application/s with other offices of the Board and/or deputized zoning administrator? <table><tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr></table>				<input type="checkbox"/> Yes	<input type="checkbox"/> No							
<input type="checkbox"/> Yes	<input type="checkbox"/> No											
If yes - a. Other HLURB Officer where similar application was applied: _____ b. Date filed: _____		c. Action Taken : _____										
Name in Print & Signature of Authorized Representative		Name in Print & Signature of Applicant										
REPUBLIC OF THE PHILIPPINES Province of Agusan del Norte ) S.S City of Cabadbaran )												
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 20 _____ and the affiant exhibiting to me his/her Res. Cert. No. _____ issued at on _____.												