



Republic of the Philippines
Municipality of **SAN VICENTE**
Province of **CAMARINES NORTE**



OFFICE OF THE BUILDING OFFICIAL

APPLICATION FORM FOR BUILDING PERMIT

□ SIMPLE

☐ COMPLEX

NEW

☐ RENEWAL☐ AMENDATORY

APPLICATION NO.

[illegible]

AREA NO.

[illegible]**BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE APPLICANT)**

OWNER / APPLICANT	LAST NAME s	FIRST NAME s	M.I. s	TIN 2
FOR CONSTRUCTION OWNED BY AN ENTERPRISE		FORM OF OWNERSHIP s		
ADDRESS: NO., STREET,		BARANGAY,	CITY / MUNICIPALITY	ZIP CODE
				TELEPHONE NO.
LOCATION OF CONSTRUCTION:		LOT NO. _____	BLK NO. _____	TCT NO. _____
		TAX DEC. NO. _____		
STREET ^a _____		BARANGAY ^a _____	CITY / MUNICIPALITY OF ^a _____	
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"/> OTHERS (Specify) _____		
<input type="checkbox"/> ALTERATION _____	<input type="checkbox"/> MOVING _____			
USE OR CHARACTER OF OCCUPANCY				
<input type="checkbox"/> GROUP A : RESIDENTIAL, DWELLINGS	<input type="checkbox"/> GROUP F : INDUSTRIAL	<input type="checkbox"/> OTHERS (Specify) _____		
<input type="checkbox"/> GROUP B : RESIDENTIAL HOTEL, APARTMENT	<input type="checkbox"/> GROUP G : INDUSTRIAL STORAGE AND HAZARDOUS			
<input type="checkbox"/> GROUP C : EDUCATIONAL, RECREATIONAL	<input type="checkbox"/> GROUP H : RECREATIONAL, ASSEMBLY OCCUPANT LOAD LESS THAN 1000			
<input type="checkbox"/> GROUP D : INSTITUTIONAL	<input type="checkbox"/> GROUP I : RECREATIONAL, ASSEMBLY OCCUPANT LOAD 1000 OR MORE			
<input type="checkbox"/> GROUP E : BUSINESS AND MERCANTILE	<input type="checkbox"/> GROUP J : AGRICULTURAL, ACCESSORY			
OCCUPANCY CLASSIFIED _____		TOTAL ESTIMATED COST P ³ _____		
NUMBER OF UNITS ³ _____		PROPOSED DATE OF CONSTRUCTION _____		
TOTAL FLOOR AREA ³ _____ SQUARE METERS		IF CONSTRUCTION WAS UNDERTAKEN BY CONTRACT:		
LOT AREA ³ _____ SQUARE METERS				
AUTHORIZED MANAGING OFFICER (Signature Over Printed Name)				
EXPECTED DATE OF COMPLETION _____				

DO NOT FILL-UP (PSA USE ONLY)

Frequency	Percentage
Never	10%
Rarely	10%
Sometimes	10%
Often	40%
Very often	30%

BOX 2

FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS (REPRESENTING THE OWNER)		
<div style="border-bottom: 1px solid black; width: 200px; margin: 0 auto; 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: <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 60%; text-align: center;">a</div> <div style="text-align: right;">Date 2025-12-10</div> </div> <div style="text-align: center; margin-top: 5px;">(Signature Over Printed Name)</div>		
Address a		
CTC No	Date Issued	Place Issued

BOX 4

WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 60%; text-align: center;">a</div> <div style="text-align: right;">Date <u>2025-12-15</u></div> </div> <div style="text-align: center; margin-top: 5px;">(Signature Over Printed Name)</div>		
Address a		
CTC 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	C.T.C. No.	Date Issued	Place Issued		
LICENSED ARCHITECT OR CIVIL ENGINEER <small>(Full-Time Inspector and Supervisor of Construction Works)</small>	C.T.C. 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 _____)				