



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



### OFFICE OF THE BUILDING OFFICIAL

## CIVIL/STRUCTURAL PERMIT

APPLICATION NO.

C/SP NO

BUILDING PERMIT NO.

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**BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)**

OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE	FORM OF OWNERSHIP	USE OR CHARACTER OF OCCUPANCY		
ADDRESS: NO., STREET,	BARANGAY,	CITY/MUNICIPALITY	ZIP CODE	TELEPHONE NO
		<b>SAN VICENTE</b>	<b>4609</b>	
LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ TAX DEC. NO. _____				
STREET _____ BARANGAY _____		CITY/ MUNICIPALITY OF <b>SAN VICENTE</b>		
<b>SCOPE OF WORK</b>				
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RENOVATION _____	<input type="checkbox"/> RAISING _____		
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION _____	<input type="checkbox"/> DEMOLITION _____		
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR _____	<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____		
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING _____	<input type="checkbox"/> OTHERS (Specify) _____		

**BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)**
**NATURE OF CIVIL/STRUCTURAL WORKS:**

- |                                             |                                                   |                                                 |
|---------------------------------------------|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> STAKING            | <input type="checkbox"/> ERECTION/LIFTING         | <input type="checkbox"/> PRESTRESS WORKS        |
| <input type="checkbox"/> EXCAVATION         | <input type="checkbox"/> CONCRETE FRAMING         | <input type="checkbox"/> MATERIAL TESTING       |
| <input type="checkbox"/> SOIL STABILIZATION | <input type="checkbox"/> STRUCTURAL STEEL FRAMING | <input type="checkbox"/> STEEL TOWERS           |
| <input type="checkbox"/> PILING WORKS       | <input type="checkbox"/> SLABS                    | <input type="checkbox"/> TANKS                  |
| <input type="checkbox"/> FOUNDATION         | <input type="checkbox"/> WALLS                    | <input type="checkbox"/> OTHERS (Specify) _____ |

PREPARED BY \_\_\_\_\_

**BOX 3**

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
_____	
CIVIL/STRUCTURAL ENGINEER (Signed and Sealed Over Printed Name) Date _____	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

**BOX 4**

SUPERVISOR/IN-CHARGE OF CIVIL/STRUCTURAL WORKS	
_____	
CIVIL/STRUCTURAL ENGINEER (Signed and Sealed Over Printed Name) Date _____	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

**BOX 5**

BUILDING OWNER		
_____		
(Signature Over Printed Name) Date _____		
Address		
C.T.C. No.	Date Issued	Place Issued

**BOX 6**

WITH MY CONSENT: LOT OWNER		
_____		
(Signature Over Printed Name) Date _____		
Address		
C.T.C. No.	Date Issued	Place Issued