



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

APPLICATION FORM FOR BUILDING PERMIT



APPLICATION NO.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

AREA NO.

1

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, | BARANGAY, | <u>CITY / MUNICIPALITY</u> SAN VICENTE | ZIP CODE 4609 |
| TELEPHONE NO. | | | | |
| LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ TAX DEC. NO. _____ | | | | |
| STREET _____ | | BARANGAY _____ | <u>CITY / MUNICIPALITY OF</u> SAN VICENTE | |
| 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 _____ | | |
| NUMBER OF UNITS _____ | | PROPOSED DATE OF CONSTRUCTION _____ | | |
| TOTAL FLOOR AREA _____ | | SQUARE METERS | IF CONSTRUCTION WAS UNDERTAKEN BY CONTRACT: | |
| LOT AREA _____ | | SQUARE METERS | | |
| AUTHORIZED MANAGING OFFICER <small>(Signature Over Printed Name)</small> | | | | |
| EXPECTED DATE OF COMPLETION _____ | | | | |

DO NOT FILL-UP (PSA USE ONLY)

BOX 2

FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS (REPRESENTING THE OWNER)

| | |
|---|-------------|
| FULL NAME OF CONTRACTOR AND SUPERVISOR OF CONSTRUCTION WORKS (REFERRING TO THE OWNER) | |
| <hr/> | |
| ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Over Printed Name) Date _____ | 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 | | | |
| CTC No | Date Issued | Place Issued | 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 (Full-Time Inspector and Supervisor of Construction Works) | 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 _____) | | | |



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

APPLICATION FORM FOR BUILDING PERMIT

SIMPLE

NEW

RENEWAL

AMENDATORY

AREA NO.

2

APPLICATION NO.

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, | BARANGAY, | <u>CITY</u> / MUNICIPALITY SAN VICENTE | ZIP CODE 4609 |
| TELEPHONE NO. | | | | |
| LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ TAX DEC. NO. _____ | | | | |
| STREET _____ BARANGAY _____ <u>CITY</u> / MUNICIPALITY OF SAN VICENTE | | | | |

DO NOT FILL-UP (PSA USE ONLY)

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

- GROUP A : RESIDENTIAL, DWELLINGS GROUP F : INDUSTRIAL OTHERS (Specify) _____

GROUP B : RESIDENTIAL HOTEL, APARTMENT GROUP G : INDUSTRIAL STORAGE AND HAZARDOUS

GROUP C : EDUCATIONAL, RECREATIONAL GROUP H : RECREATIONAL, ASSEMBLY OCCUPANT LOAD LESS THAN 1000

GROUP D : INSTITUTIONAL GROUP I : RECREATIONAL, ASSEMBLY OCCUPANT LOAD 1000 OR MORE

GROUP E : BUSINESS AND MERCANTILE GROUP J : AGRICULTURAL, ACCESSORY

OCCUPANCY CLASSIFIED _____
NUMBER OF UNITS _____
TOTAL FLOOR AREA _____ SQUARE METERS _____
LOT AREA _____ SQUARE METERS _____

TOTAL ESTIMATED COST P _____
PROPOSED DATE OF CONSTRUCTION _____
IF CONSTRUCTION WAS UNDERTAKEN BY CONTRACT:

The figure consists of a 10x10 grid of small squares. Ten larger gray rectangles are distributed across the grid. One rectangle is in the top-left corner. A long horizontal rectangle spans from column 1 to column 10 in row 2. Two smaller rectangles are in row 3: one in column 1 and another in column 9. A long horizontal rectangle spans from column 1 to column 10 in row 5. Two smaller rectangles are in row 6: one in column 1 and another in column 8. A long horizontal rectangle spans from column 1 to column 10 in row 7. A short horizontal rectangle is in column 1 of row 8. A long horizontal rectangle spans from column 1 to column 10 in row 9. A short horizontal rectangle is in column 1 of row 10.

BOX 2

FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS (REPRESENTING THE OWNER)

| | | |
|---|-----------|-------------|
| ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Over Printed Name) Date _____ | Address | |
| | PRC No. | Validity |
| | PTR No. | Date Issued |
| | Issued at | TIN |

BOX 3

BOX 4

| | | | | |
|---|-------------|---|--------|--------------|
| APPLICANT: _____ (Signature Over Printed Name) | | WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE _____ (Signature Over Printed Name) | | |
| Date _____ | | Date _____ | | |
| Address | | Address | | |
| CTC No | Date Issued | Place Issued | 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 (Full-Time Inspector and Supervisor of Construction Works) | 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 _____) | | |

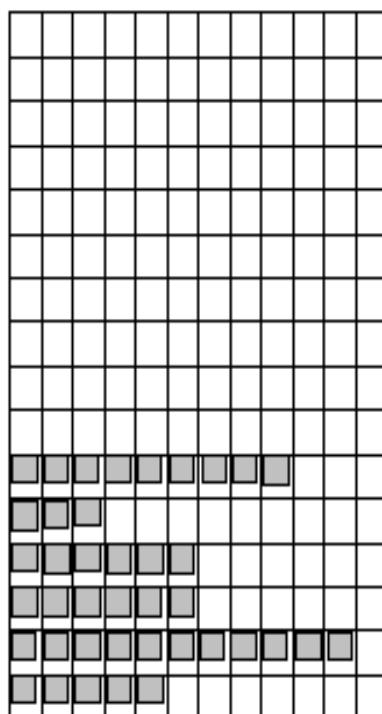
BOX 3A (TO BE ACCOMPLISHED BY DESIGNING ARCHITECT/CIVIL ENGINEER IN PRINT)

| | | | | |
|---------------------|---------|-----------------------------|---|----------------------------|
| TOTAL ESTIMATE COST | | COST OF EQUIPMENT INSTALLED | NUMBER OF STOREYS _____ | DO NOT FILL (NSO USE ONLY) |
| BUILDING | P _____ | P _____ | TOTAL FLOOR AREA _____ | |
| ELECTRICAL | P _____ | P _____ | PROPOSED DATE OF CONSTRUCTION _____ | |
| MECHANICAL | P _____ | P _____ | EXPECTED DATE OF COMPLETION _____ | |
| PLUMBING | P _____ | P _____ | MATERIAL OF CONST (WOOD, CONC., STEEL, MIXED) _____ | |
| OTHERS | P _____ | | | |
| TOTAL COST | P _____ | | | |

BOX 4 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

ASSESSED FEES

| | AMOUNT DUE | ASSESSED BY | O.R. NUMBER | DATE PAID |
|-----------------|------------|-------------|-------------|-----------|
| LAND USE/ZONING | | | | |
| LINE AND GRADE | | | | |
| BUILDING | | | | |
| PLUMBING | | | | |
| ELECTRICAL | | | | |
| MECHANICAL | | | | |
| OTHERS | | | | |
| TOTAL | | | | |

REVIEWED:
CHIEF, PROCESSING DIVISION/SECTION

BOX 5 (TO BE ACCOMPLISHED BY THE DIVISION/SECTION CONCERNED)

PROGRESS FLOW

| NOTED: CHIEF, PROCESSING DIVISION SECTION | IN | | OUT | | ACTION/ REMARKS | PROCESSED BY |
|--|------|------|------|------|--------------------|--------------|
| | TIME | DATE | TIME | DATE | | |
| RECEIVING and RECORDING | | | | | | |
| LAND USE AND ZONING | | | | | | |
| GEODETIC (LINE AND GRADE) | | | | | | |
| ARCHITECTURAL | | | | | | |
| STRUCTURAL | | | | | | |
| SANITARY/PLUMBING | | | | | | |
| ELECTRICAL | | | | | | |
| MECHANICAL | | | | | | |

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SETFORTH.

| | | |
|--|--|--------------|
| BOX 6 | | SIGNATURE |
| ARCHITECT/CIVIL ENGINEER SIGNED AND SEALED PLANS/SPECIFICATIONS | | PRC REG. NO. |
| PRINT NAME | | |
| ADDRESS | | |
| PTR NO. | | |
| SIGNATURE | | |

| | | |
|---------------------|-------------|--------------|
| APPLICANT | | |
| COMMUNITY TAX CERT. | DATE ISSUED | PLACE ISSUED |
| | | |

WITH MY CONSENT:

BOX 9 (TO BE ACCOMPLISHED BY LOT OWNER)

| | | |
|---|-------------|--------------|
| BOX 7 | | TCT/OCT NO. |
| ARCHITECT/CIVIL ENGINEER IN-CHARGE OF CONSTRUCTION | | PRC REG. NO. |
| PRINT NAME | | |
| ADDRESS | | |
| PTR NO. | DATE ISSUED | PLACE ISSUED |
| SIGNATURE | | TIN |

| | | |
|-------------------------|--|--|
| PRINT NAME OF LOT OWNER | | |
| ADDRESS | | |
| COMMUNITY TAX CERT. | | |
| SIGNATURE | | |

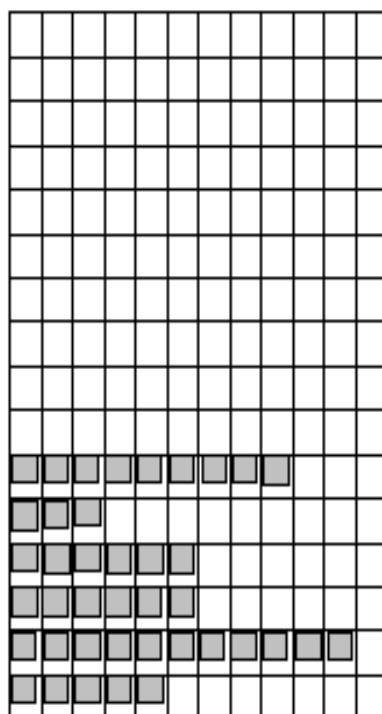
BOX 3A (TO BE ACCOMPLISHED BY DESIGNING ARCHITECT/CIVIL ENGINEER IN PRINT)

| | | | | |
|---------------------|---------|-----------------------------|---|----------------------------|
| TOTAL ESTIMATE COST | | COST OF EQUIPMENT INSTALLED | NUMBER OF STOREYS _____ | DO NOT FILL (NSO USE ONLY) |
| BUILDING | P _____ | P _____ | TOTAL FLOOR AREA _____ | |
| ELECTRICAL | P _____ | P _____ | PROPOSED DATE OF CONSTRUCTION _____ | |
| MECHANICAL | P _____ | P _____ | EXPECTED DATE OF COMPLETION _____ | |
| PLUMBING | P _____ | P _____ | MATERIAL OF CONST (WOOD, CONC., STEEL, MIXED) _____ | |
| OTHERS | P _____ | | | |
| TOTAL COST | P _____ | | | |

BOX 4 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

ASSESSED FEES

| | AMOUNT DUE | ASSESSED BY | O.R. NUMBER | DATE PAID |
|-----------------|------------|-------------|-------------|-----------|
| LAND USE/ZONING | | | | |
| LINE AND GRADE | | | | |
| BUILDING | | | | |
| PLUMBING | | | | |
| ELECTRICAL | | | | |
| MECHANICAL | | | | |
| OTHERS | | | | |
| TOTAL | | | | |

REVIEWED:
CHIEF, PROCESSING DIVISION/SECTION

BOX 5 (TO BE ACCOMPLISHED BY THE DIVISION/SECTION CONCERNED)

PROGRESS FLOW

| NOTED: CHIEF, PROCESSING DIVISION SECTION | IN | | OUT | | ACTION/ REMARKS | PROCESSED BY |
|--|------|------|------|------|--------------------|--------------|
| | TIME | DATE | TIME | DATE | | |
| RECEIVING and RECORDING | | | | | | |
| LAND USE AND ZONING | | | | | | |
| GEODETIC (LINE AND GRADE) | | | | | | |
| ARCHITECTURAL | | | | | | |
| STRUCTURAL | | | | | | |
| SANITARY/PLUMBING | | | | | | |
| ELECTRICAL | | | | | | |
| MECHANICAL | | | | | | |

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SETFORTH.

| | | |
|--|--|--------------|
| BOX 6 | | SIGNATURE |
| ARCHITECT/CIVIL ENGINEER SIGNED AND SEALED PLANS/SPECIFICATIONS | | PRC REG. NO. |
| PRINT NAME | | |
| ADDRESS | | |
| PTR NO. | | |
| SIGNATURE | | |

| | | |
|---------------------|-------------|--------------|
| APPLICANT | | |
| COMMUNITY TAX CERT. | DATE ISSUED | PLACE ISSUED |
| | | |

WITH MY CONSENT:

BOX 9 (TO BE ACCOMPLISHED BY LOT OWNER)

| | | |
|---|-------------|--------------|
| BOX 7 | | TCT/OCT NO. |
| ARCHITECT/CIVIL ENGINEER IN-CHARGE OF CONSTRUCTION | | PRC REG. NO. |
| PRINT NAME | | |
| ADDRESS | | |
| PTR NO. | DATE ISSUED | PLACE ISSUED |
| SIGNATURE | | TIN |

| | | |
|-------------------------|--|--|
| PRINT NAME OF LOT OWNER | | |
| ADDRESS | | |
| COMMUNITY TAX CERT. | | |
| SIGNATURE | | |

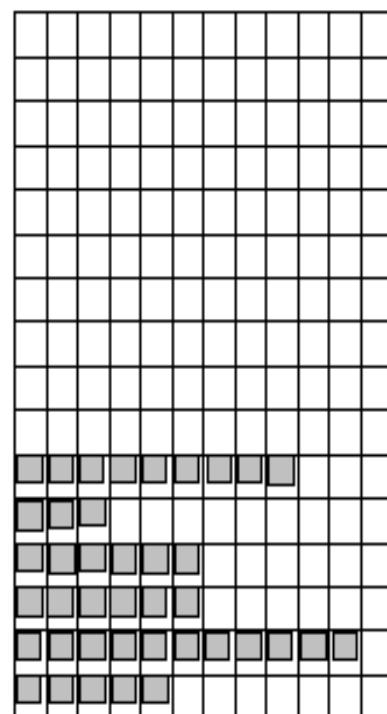
BOX 3A (TO BE ACCOMPLISHED BY DESIGNING ARCHITECT/CIVIL ENGINEER IN PRINT)

| | | | | |
|---------------------|---------|-----------------------------|---|----------------------------|
| TOTAL ESTIMATE COST | | COST OF EQUIPMENT INSTALLED | NUMBER OF STOREYS _____ | DO NOT FILL (NSO USE ONLY) |
| BUILDING | P _____ | P _____ | TOTAL FLOOR AREA _____ | |
| ELECTRICAL | P _____ | P _____ | PROPOSED DATE OF CONSTRUCTION _____ | |
| MECHANICAL | P _____ | P _____ | EXPECTED DATE OF COMPLETION _____ | |
| PLUMBING | P _____ | P _____ | MATERIAL OF CONST (WOOD, CONC., STEEL, MIXED) _____ | |
| OTHERS | P _____ | | | |
| TOTAL COST | P _____ | | | |

BOX 4 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

ASSESSED FEES

| | AMOUNT DUE | ASSESSED BY | O.R. NUMBER | DATE PAID |
|-----------------|------------|-------------|-------------|-----------|
| LAND USE/ZONING | | | | |
| LINE AND GRADE | | | | |
| BUILDING | | | | |
| PLUMBING | | | | |
| ELECTRICAL | | | | |
| MECHANICAL | | | | |
| OTHERS | | | | |
| TOTAL | | | | |

REVIEWED:
CHIEF, PROCESSING DIVISION/SECTION

BOX 5 (TO BE ACCOMPLISHED BY THE DIVISION/SECTION CONCERNED)

PROGRESS FLOW

| NOTED: CHIEF, PROCESSING DIVISION SECTION | IN | | OUT | | ACTION/ REMARKS | PROCESSED BY |
|--|------|------|------|------|--------------------|--------------|
| | TIME | DATE | TIME | DATE | | |
| RECEIVING and RECORDING | | | | | | |
| LAND USE AND ZONING | | | | | | |
| GEODETIC (LINE AND GRADE) | | | | | | |
| ARCHITECTURAL | | | | | | |
| STRUCTURAL | | | | | | |
| SANITARY/PLUMBING | | | | | | |
| ELECTRICAL | | | | | | |
| MECHANICAL | | | | | | |

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SETFORTH.

| | | |
|--|--|--------------|
| BOX 6 | | SIGNATURE |
| ARCHITECT/CIVIL ENGINEER SIGNED AND SEALED PLANS/SPECIFICATIONS | | PRC REG. NO. |
| PRINT NAME | | |
| ADDRESS | | |
| PTR NO. | | |
| SIGNATURE | | |

| | | |
|---------------------|-------------|--------------|
| APPLICANT | | |
| COMMUNITY TAX CERT. | DATE ISSUED | PLACE ISSUED |
| | | |

WITH MY CONSENT:

BOX 9 (TO BE ACCOMPLISHED BY LOT OWNER)

| | | |
|---|-------------|--------------|
| BOX 7 | | TCT/OCT NO. |
| ARCHITECT/CIVIL ENGINEER IN-CHARGE OF CONSTRUCTION | | PRC REG. NO. |
| PRINT NAME | | |
| ADDRESS | | |
| PTR NO. | DATE ISSUED | PLACE ISSUED |
| SIGNATURE | | TIN |

| | | |
|-------------------------|--|--|
| PRINT NAME OF LOT OWNER | | |
| ADDRESS | | |
| COMMUNITY TAX CERT. | | |
| SIGNATURE | | |

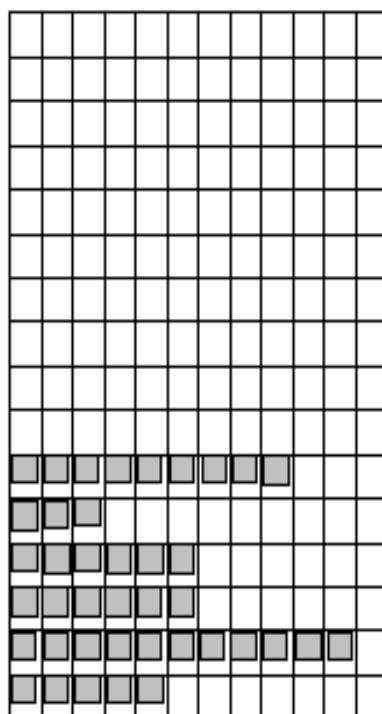
BOX 3A (TO BE ACCOMPLISHED BY DESIGNING ARCHITECT/CIVIL ENGINEER IN PRINT)

| | | | | |
|---------------------|---------|-----------------------------|---|----------------------------|
| TOTAL ESTIMATE COST | | COST OF EQUIPMENT INSTALLED | NUMBER OF STOREYS _____ | DO NOT FILL (NSO USE ONLY) |
| BUILDING | P _____ | P _____ | TOTAL FLOOR AREA _____ | |
| ELECTRICAL | P _____ | P _____ | PROPOSED DATE OF CONSTRUCTION _____ | |
| MECHANICAL | P _____ | P _____ | EXPECTED DATE OF COMPLETION _____ | |
| PLUMBING | P _____ | P _____ | MATERIAL OF CONST (WOOD, CONC., STEEL, MIXED) _____ | |
| OTHERS | P _____ | | | |
| TOTAL COST | P _____ | | | |

BOX 4 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

ASSESSED FEES

| | AMOUNT DUE | ASSESSED BY | O.R. NUMBER | DATE PAID |
|-----------------|------------|-------------|-------------|-----------|
| LAND USE/ZONING | | | | |
| LINE AND GRADE | | | | |
| BUILDING | | | | |
| PLUMBING | | | | |
| ELECTRICAL | | | | |
| MECHANICAL | | | | |
| OTHERS | | | | |
| TOTAL | | | | |

REVIEWED:
CHIEF, PROCESSING DIVISION/SECTION

BOX 5 (TO BE ACCOMPLISHED BY THE DIVISION/SECTION CONCERNED)

PROGRESS FLOW

| NOTED: CHIEF, PROCESSING DIVISION SECTION | IN | | OUT | | ACTION/ REMARKS | PROCESSED BY |
|--|------|------|------|------|--------------------|--------------|
| | TIME | DATE | TIME | DATE | | |
| RECEIVING and RECORDING | | | | | | |
| LAND USE AND ZONING | | | | | | |
| GEODETIC (LINE AND GRADE) | | | | | | |
| ARCHITECTURAL | | | | | | |
| STRUCTURAL | | | | | | |
| SANITARY/PLUMBING | | | | | | |
| ELECTRICAL | | | | | | |
| MECHANICAL | | | | | | |

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SETFORTH.

| | | |
|--|--|--------------|
| BOX 6 | | SIGNATURE |
| ARCHITECT/CIVIL ENGINEER SIGNED AND SEALED PLANS/SPECIFICATIONS | | PRC REG. NO. |
| PRINT NAME | | |
| ADDRESS | | |
| PTR NO. | | |
| SIGNATURE | | |

| | | |
|---------------------|-------------|--------------|
| APPLICANT | | |
| COMMUNITY TAX CERT. | DATE ISSUED | PLACE ISSUED |
| | | |

WITH MY CONSENT:

BOX 9 (TO BE ACCOMPLISHED BY LOT OWNER)

| | | |
|---|-------------|--------------|
| BOX 7 | | TCT/OCT NO. |
| ARCHITECT/CIVIL ENGINEER IN-CHARGE OF CONSTRUCTION | | PRC REG. NO. |
| PRINT NAME | | |
| ADDRESS | | |
| PTR NO. | DATE ISSUED | PLACE ISSUED |
| SIGNATURE | | TIN |

| | | |
|-------------------------|--|--|
| PRINT NAME OF LOT OWNER | | |
| ADDRESS | | |
| COMMUNITY TAX CERT. | | |
| SIGNATURE | | |