



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



OFFICE OF THE BUILDING OFFICIAL
APPLICATION FORM FOR BUILDING PERMIT

□ SIMPLE

□ COMPLEX

APPLICATION NO.

NEW

☐ RENEWAL

☐ AMENDATORY

AREA NO.

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

| | | | | | | | | | | | |
|--|--|-------------------------|--|--|--|--|--|---|--|-------------------------|--|
| OWNER / APPLICANT | | LAST NAME Hsjdndb | | FIRST NAME EkdnsJ | | M.I. J | | TIN 643594964 | | | |
| FOR CONSTRUCTION OWNED BY AN ENTERPRISE | | | | FORM OF OWNERSHIP Bsdind | | | | | | | |
| ADDRESS: NO., 944679 | | STREET, Bsjxnszk | | BARANGAY, Sdjsn | | CITY / MUNICIPALITY Jsdkn | | ZIP CODE 268 | | TELEPHONE NO. 646895 | |
| LOCATION OF CONSTRUCTION: | | LOT NO. <u>Bzzmx</u> | | BLK NO. <u>97794</u> | | TCT NO. <u>79767</u> | | TAX DEC. NO. <u>796889</u> | | | |
| STREET <u>Zbajxbsk</u> | | BARANGAY <u>Zbxdjcb</u> | | CITY / MUNICIPALITY OF <u>Bdkxxbb</u> | | | | | | | |
| 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 <u>91678.4</u> | | | | | |
| NUMBER OF UNITS <u>2</u> | | | | | | PROPOSED DATE OF CONSTRUCTION <u>Wed Dec 31 2025 08:00</u> | | | | | |
| TOTAL FLOOR AREA <u>86476</u> SQUARE METERS | | | | | | IF CONSTRUCTION WAS UNDERTAKEN BY CONTRACT: | | | | | |
| LOT AREA <u>86889</u> SQUARE METERS | | | | | | | | | | | |
| AUTHORIZED MANAGING OFFICER <small>(Signature Over Printed Name)</small> EXPECTED DATE OF COMPLETION <u>Wed Dec 31 2025 08:00</u> | | | | | | | | | | | |

DO NOT FILL-UP (PSA USE ONLY)

| Category | Percentage |
|------------------|------------|
| Never | 2% |
| Rarely | 18% |
| Sometimes | 12% |
| Often | 32% |
| Very often | 36% |
| Don't know | 0% |
| Refuse to answer | 0% |

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;"><div>Bxjxbxnzx</div><div>Date Thu Dec 25 2025</div></div> <div style="text-align: center;">(Signature Over Printed Name)</div> | | |
| Address Bakxnsxk | | |
| CTC No | Date Issued | Place Issued |

BOX 4

| | | |
|--|-------------------------|---------------------------|
| WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE <div style="text-align: right; margin-right: 100px;"> Date <u>Wed Dec 31 20</u> </div> <div style="text-align: center; margin-bottom: 10px;"> <u>Bsjxbsjd</u> (Signature Over Printed Name) </div> | | |
| Address <u>Sjzbxsb</u> | | |
| CTC No <u>49479</u> | Date Issued <u>4649</u> | Place Issued <u>Shsdb</u> |

BOX 5

| | | | |
|---|---------------------------------------|-------------|--------------|
| REPUBLIC OF THE PHILIPPINES) | | S.S | |
| CITY/MUNICIPALITY OF _____) | | | |
| 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 | C.T.C. No. | Date Issued | Place Issued |
| (Full-Time Inspector and Supervisor of Construction Works) | | | |
| 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)

[illegible]

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 | | | REVIEWED: CHIEF, PROCESSING DIVISION/SECTION | |
| TOTAL | | | | |

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 SET FORTH.

BOX 6

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

BOX 7

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

BOX 8

| | | |
|---------------------|-------------|--------------|
| SIGNATURE | | |
| APPLICANT | | |
| COMMUNITY TAX CERT. | DATE ISSUED | PALCE ISSUED |
| | | |

WITH MY CONSENT:

BOX 9 (TO BE ACCOMPLISHED BY LOT OWNER)

| |
|-------------------------|
| TCT/OCT NO. |
| PRINT NAME OF LOT OWNER |
| ADDRESS |
| COMMUNITY TAX CERT. |
| SIGNATURE |