



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



# APPLICATION FORM FOR BUILDING PERMIT

□ SIMPLE

□ COMPLEX

NEW

☐ RENEWAL

☐ AMENDATORY

APPLICATION NO.

[illegible]

AREA NO.

[illegible]

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> <b>SAN VICENTE</b>	ZIP CODE <b>4609</b>	TELEPHONE NO.
LOCATION OF CONSTRUCTION:		LOT NO. _____	BLK NO. _____	TCT NO. _____
STREET _____		BARANGAY _____ <u>CITY / MUNICIPALITY OF</u> <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"/> ACCESSORY BUILDING/STRUCTURE _____		
<input type="checkbox"/> ADDITION _____	<input type="checkbox"/> REPAIR _____	<input type="checkbox"/> OTHERS (Specify) _____		
<input type="checkbox"/> ALTERATION _____	<input type="checkbox"/> MOVING _____	_____		
<b>USE OR CHARACTER OF OCCUPANCY</b>				
<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				
<b>AUTHORIZED MANAGING OFFICER</b> (Signature Over Printed Name)				
EXPECTED DATE OF COMPLETION _____				

DO NOT FILL-UP (PSA USE ONLY)

Age Group	Percentage
18-24	10%
25-34	45%
35-44	10%
45-54	10%
55-64	45%
65-74	10%
75-84	45%
85-94	15%
95-104	30%

## BOX 2

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

<div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 10px;"> <b>ARCHITECT OR CIVIL ENGINEER</b>          (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: flex-end;"> <div style="border-bottom: 1px solid black; width: 60%;"></div> <div style="text-align: right;">Date <span style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></span></div> </div> <div style="text-align: center; margin-top: 5px;">(Signature Over Printed Name)</div>		
Address		
CTC No	Date Issued	Place Issued

**BOX 4**

WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE

<div style="text-align: right;">             _____ Date _____              (Signature Over Printed Name)           </div>		
Address		
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
_____ LICENSED ARCHITECT OR CIVIL ENGINEER (Full-Time Inspector and Supervisor of Construction Works)	_____ C.T.C. No.	_____ Date 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 \_\_\_\_\_)

**Copy 1: Owner**

**Copy 2: OBO**

**Copy 3: BFP**

**Copy 4: Philippine Statistics Authority**



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



# APPLICATION FORM FOR BUILDING PERMIT

☐ SIMPLE

☐ COMPLEX

NEW

☐ RENEWAL

☐ AMENDATORY

APPLICATION NO.

[illegible]

AREA NO.

[illegible]

# 2

**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 <b>SAN VICENTE</b>	ZIP CODE <b>4609</b>	TELEPHONE NO.
LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ TAX DEC. NO. _____				
STREET _____ BARANGAY _____ <u>CITY</u> / 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"/> ACCESSORY BUILDING/STRUCTURE _____		
<input type="checkbox"/> ADDITION _____	<input type="checkbox"/> REPAIR _____	<input type="checkbox"/> OTHERS (Specify) _____		
<input type="checkbox"/> ALTERATION _____	<input type="checkbox"/> MOVING _____	_____		
<b>USE OR CHARACTER OF OCCUPANCY</b>				
<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				
<b>AUTHORIZED MANAGING OFFICER</b> _____ (Signature Over Printed Name) EXPECTED DATE OF COMPLETION _____				

DO NOT FILL-UP (PSA USE ONLY)

Category	Percentage
Never	10%
Once a week	50%
Several times a week	10%
Several times a day	10%
Every day	50%
Several times a day	10%
Every day	50%
Several times a day	10%
Every day	50%

**BOX 2**

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

<p>_____  <b>ARCHITECT OR CIVIL ENGINEER</b>          (Signed and Sealed Over Printed Name)          Date</p>	Address	
	PRC No.	Validity
	PTR No.	Date Issued
	Issued at	TIN

### BOX 3

**APPLICANT:**

APPLICANT: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature Over Printed Name)

Address \_\_\_\_\_

CTC No	Date Issued	Place Issued
--------	-------------	--------------

## BOX 4

WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE

WITH MY CONSENT, LET OWNER / AUTHORIZED REPRESENTATIVE _____ Date _____ (Signature Over Printed Name)		
Address		
CTC No	Date Issued	Place Issued

**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 (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 _____)		

**Copy 1: Owner**

**Copy 2: OBO**

**Copy 3: BFP**

Copy 4: Philippine Statistics Authority



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



# APPLICATION FORM FOR BUILDING PERMIT

□ SIMPLE

□ COMPLEX

**NEW**

☐ RENEWAL

☐ AMENDATORY

APPLICATION NO.

[illegible]

AREA NO.

[illegible]

3

**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> <b>SAN VICENTE</b>	ZIP CODE <b>4609</b>	TELEPHONE NO.
LOCATION OF CONSTRUCTION:		LOT NO. _____	BLK NO. _____	TCT NO. _____
STREET _____		BARANGAY _____ <u>CITY / MUNICIPALITY OF</u> <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"/> ACCESSORY BUILDING/STRUCTURE _____		
<input type="checkbox"/> ADDITION _____	<input type="checkbox"/> REPAIR _____	<input type="checkbox"/> OTHERS (Specify) _____		
<input type="checkbox"/> ALTERATION _____	<input type="checkbox"/> MOVING _____	_____		
<b>USE OR CHARACTER OF OCCUPANCY</b>				
<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				
<b>AUTHORIZED MANAGING OFFICER</b> (Signature Over Printed Name) _____ EXPECTED DATE OF COMPLETION _____				

DO NOT FILL-UP (PSA USE ONLY)

Government	Percentage
Current government	100%
Previous government	0%

## BOX 2

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

<p>_____  <b>ARCHITECT OR CIVIL ENGINEER</b>          (Signed and Sealed Over Printed Name)          Date</p>	Address	
	PRC No.	Validity
	PTR No.	Date Issued
	Issued at	TIN

### BOX 3

**APPLICANT:**

\_\_\_\_\_  
(Signature Over Printed Name) Date \_\_\_\_\_

Address		
CTC No	Date Issued	Place Issued

### BOX 4

WITH MY CONSENT: **LOT OWNER / AUTHORIZED REPRESENTATIVE**

\_\_\_\_\_  
(Signature Over Printed Name) Date \_\_\_\_\_

Address		
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 \_\_\_\_\_)

**Copy 1: Owner**

**Copy 2: OBO**

**Copy 3: BFP**

**Copy 4: Philippine Statistics Authority**



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



# APPLICATION FORM FOR BUILDING PERMIT

□ SIMPLE

□ COMPLEX

**NEW**

☐ RENEWAL

☐ AMENDATORY

APPLICATION NO.

[illegible]

AREA NO.

[illegible]

4

**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,		CITY / MUNICIPALITY <b>SAN VICENTE</b>		ZIP CODE <b>4609</b>	
								TELEPHONE NO.	
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"/> ACCESSORY BUILDING/STRUCTURE _____					
<input type="checkbox"/> ADDITION _____		<input type="checkbox"/> REPAIR _____		<input type="checkbox"/> OTHERS (Specify) _____					
<input type="checkbox"/> ALTERATION _____		<input type="checkbox"/> MOVING _____							
<b>USE OR CHARACTER OF OCCUPANCY</b>									
<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									
					<b>AUTHORIZED MANAGING OFFICER</b> (Signature Over Printed Name) _____ EXPECTED DATE OF COMPLETION _____				

DO NOT FILL-UP (PSA USE ONLY)

Government	Percentage
Current government	100%
Previous government	0%

## BOX 2

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

<p>_____  <b>ARCHITECT OR CIVIL ENGINEER</b>          (Signed and Sealed Over Printed Name)          Date</p>	Address	
	PRC No.	Validity
	PTR No.	Date Issued
	Issued at	TIN

### BOX 3

**APPLICANT:**

\_\_\_\_\_  
(Signature Over Printed Name) Date \_\_\_\_\_

Address		
CTC No	Date Issued	Place Issued

**BOX 4**

WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
(Signature Over Printed Name) Date \_\_\_\_\_

Address		
CTC No	Date Issued	Place Issued

**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 (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 \_\_\_\_\_)