



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> SAN VICENTE	ZIP CODE 4609	TELEPHONE NO.
LOCATION OF CONSTRUCTION:		LOT NO. _____	BLK NO. _____	TCT 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 (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	35%

BOX 2

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

<p>_____</p> <p>ARCHITECT OR CIVIL ENGINEER (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
_____ LICENSED ARCHITECT OR CIVIL ENGINEER <small>(Full-Time Inspector and Supervisor of Construction Works)</small>	_____ 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



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LOCATION OF CONSTRUCTION:		LOT NO. _____	BLK NO. _____	TCT 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			
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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 (Signature Over Printed Name)				
EXPECTED DATE OF COMPLETION _____				

DO NOT FILL-UP (PSA USE ONLY)

Age Group	Percentage of 'Yes' Responses
18-24	~15%
25-34	~95%
35-44	~15%
45-54	~15%
55-64	~95%
65-74	~25%
75-84	~25%
85-94	~95%
95-104	~45%

BOX 2

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

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

BOX 3

BOX 4

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 _____)

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						
GEODETTIC (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	PRC REG. NO.
SIGNED AND SEALED PLANS/SPECIFICATIONS	
PRINT NAME	
ADDRESS	
PTR NO.	
SIGNATURE	

BOX 8

SIGNATURE		
APPLICANT		
COMMUN ITY TAX CERT.	DATE ISSUED	PALCE ISSUED

BOX 7

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

WITH MY CONSENT:

BOX 9 (TO BE ACCOMPLISHED BY LOT OWNER)

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

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						

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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

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						
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PRINT NAME		
ADDRESS		
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SIGNATURE		TIN

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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

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

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

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

ASSESSED FEES				
	AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID
LAND USE/ZONING				
LINE AND GRADE				
BUILDING				
PLUMBING				
ELECTRICAL				
MECHANICAL				
OTHERS				
TOTAL			REVIEWD: CHIEF, PROCESSING DIVISION/SECTION	

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

PROGRESS FLOW						
NOTED: CHIEF, PROCESSING DIVISION SECTION RECEIVING and RECORDING	IN		OUT		ACTION/ REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		
LAND USE AND ZONING						
GEODETIC (LINE AND GRADE)						
ARCHITECTURAL						
STRUCTURAL						
SANITARY/PLUMBING						
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PRINT NAME		
DDRESS		
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE	TIN	

WITH MY CONSENT:

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PRINT NAME OF LOT OWNER
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SIGNATURE