



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. _____	
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)

<b>NATURE OF CIVIL/STRUCTURAL WORKS:</b> <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	
_____ <b>CIVIL/STRUCTURAL ENGINEER</b> (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 4

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

### BOX 6

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