

Republic of the Philippines
City/Municipality of _____
Province of _____
OFFICE OF THE BUILDING OFFICIAL

CIVIL/STRUCTURAL PERMIT

APPLICATION NO.

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C/SP NO

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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
LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ TAX DEC. NO. _____							
STREET _____ BARANGAY _____ CITY/ MUNICIPALITY OF _____							
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"/> 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)

NATURE OF CIVIL/STRUCTURAL WORKS:		
<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	
_____ CIVIL/STRUCTURAL ENGINEER (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	
_____ CIVIL/STRUCTURAL ENGINEER (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