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

ARCHITECTURAL PERMIT

APPLICATION NO.	AP NO					BUILDING PERMIT NO.					
								[
BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)											
OWNER/APPLICANT LAST NAME				FIRST NAME				M.I. TIN			
FOR CONSTRUCTION OWNED FORM OF OWNERS						JSE OR CHA	ARACTER OF OCCUPANCY				
BY AN ENTERPRISE											
ADDRESS: NO., STREET, BARANGAY, C					JNICIPALITY		ZIP CODE	TELEPHO	NE NO		
LOCATION OF CONSTRUCTION: LOT NO BLK NO					TCT NO			L _ TAX DEC.	NO		
		CITY/ MUNICIPALITY OF									
SCOPE OF WORK											
☐ NEW CONSTRUCTION ☐ RENOVATION											
ERECTION CONVERSION ADDITION REPAIR						_			RUCTURE		
ADDITION ALTERATION				IERS (Specif	y)						
BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)											
1. ARCHITECTURAL FACILITIES AND OTHER FEATURES PURSUANT TO BATAS PAMBANSA BILANG 344, REQUIRING CERTAIN BUILDINGS, INSTITUTIONS, ESTABLISHMENTS AND PUBLIC UTILITIES TO INSTALL FACILITIES AND OTHER DEVICES.											
STAIRS WASH ROOMS AND TOILETS SWITCHES, CONTROLS, BUZZERS DRINKING FOUNTAINS											
☐ WALKWAYS		HANDRAILS				PUBLIC TELEPHONES					
☐ WALKWAYS ☐ LIFTS/ELEVATORS ☐ RAMPS					☐ THRESHOLDS ☐ SEATING ACCOMMODATIONS						
<u> </u>		☐ FLOOR FINISHES ☐ OTHERS (Specify)									
2. PERCENTAGE OF SITE OCCUPANCY 3. CONFORMANCE TO FIRE CODE OF THE PHILIPPINES (P.D. 1185)											
PERCENTAGE OF BUILDING FOOTPRINT									THERS (Spec	ify)	
PERCENTAGE OF IMPERVIOUS SURFACE AREA% ☐ WIDTH OF PERCENTAGE OF UNPAVED SURFACE AREA% ☐ DISTANCE											
BOX 3 BOX 4											
DESIGN PROFESSIONAL,] [SUPERVISOR / IN-CHARGEOF ARCHITECTURAL WORKS									
,											
Date					Date						
ARCHITECT (Signed and Sealed Over Printed Name)					ARCHITECT (Signed and Sealed Over Printed Name)						
Address					Address						
IAPOA No.	IAPOA No. Validity				IAPOA No.			Validity			
PRC No.	RC No. Validity			1 1	PRC No.			Validity			
PTR. No	PTR. No Date Issued			1 [PTR. No	Date Issued					
Issued at TIN					Issued at TIN						
BOX 5		BOX 6									
BUILDING OWNER					WITH MY CONSENT: LOT OWNER						
(Signature Over Printed Name)					(Signature Over Printed Name)						
Date					Date						
Address					Address						
C.T.C. No.	Date Issued	Place Issued			C.T.C. No.		Date Issued	I	Place Issu	ed	