



DATE OF RECEIPT (Form revised as of September 4, 2020)

**APPLICATION FORM FOR CERTIFICATE OF ZONING COMPLIANCE**

**To be accomplished by APPLICANT**

|  |                    |                          |                                       |  |                    |                          |                                       |
|--|--------------------|--------------------------|---------------------------------------|--|--------------------|--------------------------|---------------------------------------|
| 1. NAME OF OWNER / APPLICANT:  |                    |                          |                                       | 2. NAME OF CORPORATION: (If applicable, if not print "N/A")                                |                    |                          |                                       |
|  |                    |                          |                                       |  |                    |                          |                                       |
| First Name   |                    | Middle Name              |                                       | Family Name  |                    | Complete Name            |                                       |
| Contact Number (s)   |                    |                          |                                       | Contact Number(s)  |                    |                          |                                       |
| 3. ADDRESS OF OWNER / APPLICANT:   |                    |                          |                                       | 4. ADDRESS OF CORPORATION: (If applicable, if not print "N/A")                             |                    |                          |                                       |
|  |                    |                          |                                       |  |                    |                          |                                       |
| No.  | Road / Street Name | Barangay / Purok / Sitio | Province / City / Municipality / Town | No.  | Road / Street Name | Barangay / Purok / Sitio | Province / City / Municipality / Town |
| 5. ENGINEER / ARCHITECT IN-CHARGE  |                    |                          |                                       | 6. ADDRESS OF ENGINEER / ARCHITECT IN-CHARGE   |                    |                          |                                       |
|  |                    |                          |                                       |  |                    |                          |                                       |
| First Name   |                    | Middle Name              |                                       | Family Name  |                    | No.                      | Road / Street Name                    |
| Contact Number (s)   |                    |                          |                                       |  |                    | Barangay / Purok / Sitio | Province / City / Municipality / Town |
| 7. PROJECT TYPE AND TITLE:   |                    |                          |                                       | 8. PROJECT NATURE:   |                    |                          |                                       |
|  |                    |                          |                                       | <input type="checkbox"/> New Development <input type="checkbox"/> Others (Please specify): |                    |                          |                                       |
|  |                    |                          |                                       | <input type="checkbox"/> Improvement   |                    |                          |                                       |
| 9. PROJECT LOCATION:   |                    |                          |                                       | 10. PROJECT AREA (IN SQUARE METERS):   |                    |                          |                                       |
|  |                    |                          |                                       | Lot: _____ square meters   |                    |                          |                                       |
| No.  | Road / Street Name | Barangay / Purok / Sitio | Province / City / Municipality / Town | Building: Total Floor Area: _____ square meters  |                    |                          |                                       |
| 11. RIGHT OVER LAND: (Please check appropriate box)                              |                    |                          |                                       | 12. PROJECT TENURE: (Please check appropriate box)   |                    |                          |                                       |
| <input type="checkbox"/> Owner <input type="checkbox"/> Others: (Please specify) |                    |                          |                                       | <input type="checkbox"/> Permanent   |                    |                          |                                       |
| <input type="checkbox"/> Lessee  |                    |                          |                                       | <input type="checkbox"/> Temporary (Please specify years) _____                            |                    |                          |                                       |

|   |          |
|---|----------|
| 13. PROJECT COST CAPITALIZATION (in Philippine Peso): |          |
|   |          |
| In Figures (Php 000,000.00)                           | In Words |

**To be accomplished by ZONING INSPECTOR II**

|  |                              |                              |                              |  |  |   |  |
|--|------------------------------|------------------------------|------------------------------|--|--|---|--|
| 14. EXISTING LAND USES OF PROJECT SITE: (Please check appropriate box)   |                              |                              |                              |  |  |   |  |
| <input type="checkbox"/> Residential:  | <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 | <input type="checkbox"/> R-3 | <input type="checkbox"/> Institutional | <input type="checkbox"/> Agricultural  | <input type="checkbox"/> Others: (Please specify) |  |
| <input type="checkbox"/> Commercial:   | <input type="checkbox"/> C-1 | <input type="checkbox"/> C-2 | <input type="checkbox"/> C-3 | <input type="checkbox"/> Industrial    | <input type="checkbox"/> Vacant / Idle |   |  |
| 15. LAND USES OF SURROUNDING PROPERTIES FIFTY TO ONE HUNDRED METERS (50M.-100M.) AS DEEMED APPROPRIATE FROM THE LOT BOUNDARY OF PROJECT (Please attach photos of site and surrounding areas) |                              |                              |                              |  |  |   |  |
|  |                              |                              |                              |  |  |   |  |

**16. OWNER / APPLICANT'S DECLARATION**

I hereby declare under the penalties of perjury that the above information has been furnished in good faith, verified by me and to the best of my knowledge and belief is true and correct.

Owner / Applicant / Authorized Representative  
(Signature Over Printed Name)

Position / Title

Republic of the Philippines )  
City of Baguio ) S.S.

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_ at Baguio City, Philippines, affiant exhibited to me his/her Community Tax Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_, 202\_\_.

Doc. No.: \_\_\_\_\_  
Page No.: \_\_\_\_\_  
Book No.: \_\_\_\_\_  
Series of 20 \_\_\_\_\_

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