

# UNIFIED APPLICATION FORM FOR BUILDING PERMIT

- SIMPLE
- COMPLEX\*
- NEW
- RENEWAL
- AMENDATORY

THIS APPLIES ALSO FOR:  LOCATIONAL CLEARANCE  FIRE SAFETY EVALUATION CLEARANCE

APPLICATION NO.

AREA NO.

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**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,	CITY / MUNICIPALITY		ZIP CODE	CONTACT NO.	
LOCATION OF CONSTRUCTION: LOT NO. _____					BLK NO. _____		TCT NO. _____		CURRENT TAX DEC. NO. _____
STREET _____					BARANGAY _____		CITY / MUNICIPALITY OF _____		

DO NOT FILL-UP (PSA USE ONLY)


**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"/> LEGALIZATION OF EXISTING BUILDING _____
<input type="checkbox"/> ALTERATION _____	<input type="checkbox"/> MOVING _____	<input type="checkbox"/> OTHERS (Specify) _____

**USE OR CHARACTER OF OCCUPANCY**

<input type="checkbox"/> <b>GROUP A : RESIDENTIAL (DWELLINGS)</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> DUPLEX <input type="checkbox"/> RESIDENTIAL R-1, R-2 <input type="checkbox"/> OTHERS _____	<input type="checkbox"/> <b>GROUP E : COMMERCIAL</b> <input type="checkbox"/> BANK <input type="checkbox"/> STORE <input type="checkbox"/> SHOPPING CENTER / MALL <input type="checkbox"/> DRINKING / DINING ESTABLISHMENT <input type="checkbox"/> SHOP (i.e. DRESS SHOP, TAILORING, BARBERSHOP, etc.) <input type="checkbox"/> OTHERS _____	<input type="checkbox"/> <b>GROUP H : ASSEMBLY (OCCUPANT LOAD LESS THAN 1,000)</b> <input type="checkbox"/> THEATER, AUDITORIUM, CONVENTION HALL, GRANDSTAND/ BLEACHER <input type="checkbox"/> OTHERS _____
<input type="checkbox"/> <b>GROUP B : RESIDENTIAL</b> <input type="checkbox"/> HOTEL <input type="checkbox"/> MOTEL <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> DORMITORY <input type="checkbox"/> BOARDINGHOUSE, LODGING HOUSE <input type="checkbox"/> RESIDENTIAL R-3, R-4, R-5 <input type="checkbox"/> OTHERS _____	<input type="checkbox"/> <b>GROUP F : LIGHT INDUSTRIAL</b> <input type="checkbox"/> FACTORY / PLANT (USING INCOMBUSTIBLE/ NON-EXPLOSIVE MATERIALS) <input type="checkbox"/> OTHERS _____	<input type="checkbox"/> <b>GROUP I : ASSEMBLY (OCCUPANT LOAD 1,000 OR MORE)</b> <input type="checkbox"/> COLISEUM, SPORTS COMPLEX, CONVENTION CENTER AND SIMILAR STRUCTURE <input type="checkbox"/> OTHERS _____
<input type="checkbox"/> <b>GROUP C : EDUCATIONAL &amp; RECREATIONAL</b> <input type="checkbox"/> SCHOOL BUILDING <input type="checkbox"/> SCHOOL AUDITORIUM, GYMNASIUM <input type="checkbox"/> CIVIC CENTER <input type="checkbox"/> CHURCH, MOSQUE, TEMPLE, CHAPEL <input type="checkbox"/> CLUBHOUSE <input type="checkbox"/> OTHERS _____	<input type="checkbox"/> <b>GROUP G : MEDIUM INDUSTRIAL</b> <input type="checkbox"/> STORAGE / WAREHOUSE (FOR HAZARDOUS/ HIGHLY FLAMMABLE MATERIALS) <input type="checkbox"/> FACTORY (FOR HAZARDOUS/ HIGHLY FLAMMABLE MATERIALS) <input type="checkbox"/> OTHERS _____	<input type="checkbox"/> <b>GROUP J : (J-1) AGRICULTURAL</b> <input type="checkbox"/> BARN, GRANARY, POULTRY HOUSE, PIGGERY, GRAIN MILL, GRAIN SILO <input type="checkbox"/> OTHERS _____
<input type="checkbox"/> <b>GROUP D : INSTITUTIONAL</b> <input type="checkbox"/> HOSPITAL OR SIMILAR STRUCTURE <input type="checkbox"/> HOME FOR THE AGED <input type="checkbox"/> GOVERNMENT OFFICE <input type="checkbox"/> OTHERS _____		<input type="checkbox"/> <b>GROUP J : (J-2) ACCESSORIES</b> <input type="checkbox"/> PRIVATE CARPORT / GARAGE, TOWER, SWIMMING POOL, FENCE OVER 1.80m, STEEL / CONCRETE TANK <input type="checkbox"/> OTHERS _____

OCCUPANCY CLASSIFIED _____	TOTAL ESTIMATED COST: P _____	
NUMBER OF UNITS _____	BUILDING _____	COST OF EQUIPMENT INSTALLED: P _____
NUMBER OF STOREY _____	ELECTRICAL _____	P _____
TOTAL FLOOR AREA _____ SQ. M.	MECHANICAL _____	P _____
LOT AREA _____ SQ. M.	ELECTRONICS _____	P _____
	PLUMBING _____	P _____
PROPOSED DATE OF CONSTRUCTION: _____	EXPECTED DATE OF COMPLETION: _____	

**BOX 2**

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

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

**BOX 3**

**APPLICANT:**

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature Over Printed Name)

Address \_\_\_\_\_

Gov't Issued ID No.	Date Issued	Place Issued
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**BOX 4**

**WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE**

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature Over Printed Name)

Address \_\_\_\_\_

Gov't Issued ID No.	Date Issued	Place Issued
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**BOX 5**

REPUBLIC OF THE PHILIPPINES )  
CITY/MUNICIPALITY OF \_\_\_\_\_ ) S.S

BEFORE ME, at the City/Municipality of \_\_\_\_\_, on \_\_\_\_\_ personally appeared the following:

_____ ) APPLICANT ) Gov't Issued ID No. _____ Date Issued _____ Place Issued _____
_____ ) LICENSED ARCHITECT OR CIVIL ENGINEER ) (Full-Time Inspector and Supervisor of Construction Works) ) Gov't Issued ID 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 \_\_\_\_\_ )