



APPLICATION FORM FOR BUILDING PERMIT

SIMPLE COMPLEX
 NEW RENEWAL AMENDATORY

APPLICATION NO.

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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
TELEPHONE NO.				
LOCATION OF CONSTRUCTION:		LOT NO. _____	BLK NO. _____	TCT NO. _____
STREET _____		BARANGAY _____ BACOR CITY, CAVITE		
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"/> OTHERS (Specify) _____		
<input type="checkbox"/> ALTERATION _____	<input type="checkbox"/> MOVING _____			
USE OR CHARACTER OF OCCUPANCY				
<input type="checkbox"/> GROUP A : RESIDENTIAL, DWELLINGS	<input type="checkbox"/> GROUP F : INDUSTRIAL	<input type="checkbox"/> OTHERS (Specify) _____		
<input type="checkbox"/> GROUP B : RESIDENTIAL HOTEL, APARTMENT	<input type="checkbox"/> GROUP G : INDUSTRIAL STORAGE AND HAZARDOUS			
<input type="checkbox"/> GROUP C : EDUCATIONAL, RECREATIONAL	<input type="checkbox"/> GROUP H : RECREATIONAL, ASSEMBLY OCCUPANT LOAD LESS THAN 1000			
<input type="checkbox"/> GROUP D : INSTITUTIONAL	<input type="checkbox"/> GROUP I : RECREATIONAL, ASSEMBLY OCCUPANT LOAD 1000 OR MORE			
<input type="checkbox"/> GROUP E : BUSINESS AND MERCANTILE	<input type="checkbox"/> GROUP J : AGRICULTURAL, ACCESSORY			
OCCUPANCY CLASSIFIED _____		TOTAL ESTIMATED COST P _____		
NUMBER OF UNITS _____		PROPOSED DATE OF CONSTRUCTION _____		
TOTAL FLOOR AREA _____ SQUARE METERS		IF CONSTRUCTION WAS UNDERTAKEN BY CONTRACT:		
LOT AREA _____ SQUARE METERS				
AUTHORIZED MANAGING OFFICER <i>(Signature Over Printed Name)</i>				
EXPECTED DATE OF COMPLETION _____				

DO NOT FILL-UP (PSA USE ONLY)

BOX 2

FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS (REPRESENTING THE OWNER)	
_____ ARCHITECT OR CIVIL ENGINEER <i>(Signed and Sealed Over Printed Name)</i> Date _____	Address
	PRC No. _____ Validity _____
	PTR No. _____ Date Issued _____
	Issued at _____ TIN _____

BOX 3

APPLICANT:	Date _____
<i>(Signature Over Printed Name)</i>	
Address	
CTC No	Date Issued
	Place Issued

BOX 4

WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE	Date _____
<i>(Signature Over Printed Name)</i>	
Address	
CTC No	Date Issued
	Place Issued

BOX 5

REPUBLIC OF THE PHILIPPINES)	S.S
CITY/MUNICIPALITY OF _____)	
BEFORE ME, at the City/Municipality of _____, on _____ personally appeared the following:	
_____ APPLICANT	C.T.C. No. _____ Date Issued _____ Place Issued _____
_____ LICENSED ARCHITECT OR CIVIL ENGINEER <i>(Full-Time Inspector and Supervisor of Construction Works)</i>	C.T.C. 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 _____)	

ASSESSED FEES	BASIS OF ASSESSMENT	AMOUNT DUE	ASSESSED BY
<input type="checkbox"/> FILING FEE			
<input type="checkbox"/> PROCESSING FEE			
<input type="checkbox"/> LOCATIONAL / ZONING OF LAND USE			
<input type="checkbox"/> LINE AND GRADE (Geodetic)			
<input type="checkbox"/> FENCING			
<input type="checkbox"/> ARCHITECTURAL			
<input type="checkbox"/> CIVIL / STRUCTURAL			
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> SANITARY			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> ELECTRONICS			
<input type="checkbox"/> INTERIOR			
<input type="checkbox"/> FIRE CODE CONSTRUCTION TAX			
<input type="checkbox"/> SURCHARGES			
<input type="checkbox"/> PENALTIES			
TOTAL			

TERMS AND CONDITIONS

1. The Owner/Permittee shall accomplish the prescribed Application Form, with the assistance of the concerned design professional/s and/or the Architect/Civil Engineer, hired/commissioned by the Owner/Permittee as full-time inspector/supervisor of the construction works, by filling up the necessary data / information required thereat.
2. The fully accomplished prescribed Application Form, duly notarized, shall be submitted to the concerned Office of the Building Official accompanied by the various applicable ancillary and accessory permits, plans and specifications signed and sealed by the corresponding design professionals who shall be responsible for the comprehensive and correctness of the plans in compliance to the National Building Code (PD 1096), its IRR and to all applicable referral codes and professional regulatory laws, together with the other documentary requirements pursuant to Section 302 of PD 1096 and its IRR.