



UNIFIED APPLICATION FORM FOR BUILDING PERMIT

- SIMPLE COMPLEX*
 NEW RENEWAL AMENDATORY

THIS APPLIES ALSO FOR: LOCALONAL 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	

DO NOT FILL-UP (PSA USE ONLY)

FOR CONSTRUCTION OWNED BY AN ENTERPRISE	FORM OF OWNERSHIP	
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ADDRESS: NO.,	STREET,	BARANGAY,	CITY/MUNICIPALITY	ZIP CODE	CONTACT NO.
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LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ CURRENT TAX DEC. NO. _____
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STREET _____ BARANGAY _____ CITY/MUNICIPALITY OF _____
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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"/> GROUP A : RESIDENTIAL (DWELLINGS) <input type="checkbox"/> SINGLE <input type="checkbox"/> DUPLEX <input type="checkbox"/> RESIDENTIAL R-1, R-2 <input type="checkbox"/> OTHERS _____	<input type="checkbox"/> GROUP E : COMMERCIAL <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"/> GROUP H : ASSEMBLY (OCCUPANT LOAD LESS THAN 1,000) <input type="checkbox"/> THEATER, AUDITORIUM, CONVENTION HALL, GRANDSTAND/ BLEACHER <input type="checkbox"/> OTHERS _____
<input type="checkbox"/> GROUP B : RESIDENTIAL <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"/> GROUP F : LIGHT INDUSTRIAL <input type="checkbox"/> FACTORY / PLANT (USING INCOMBUSTIBLE/ NON-EXPLOSIVE MATERIALS) <input type="checkbox"/> OTHERS _____	<input type="checkbox"/> GROUP I : ASSEMBLY (OCCUPANT LOAD 1,000 OR MORE) <input type="checkbox"/> COLISEUM, SPORTS COMPLEX, CONVENTION CENTER AND SIMILAR STRUCTURE <input type="checkbox"/> OTHERS _____
<input type="checkbox"/> GROUP C : EDUCATIONAL & RECREATIONAL <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"/> GROUP G : MEDIUM INDUSTRIAL <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"/> GROUP J : (J-1) AGRICULTURAL <input type="checkbox"/> BARN, GRANARY, POULTRY HOUSE, PIGGERY, GRAIN MILL, GRAIN SILO <input type="checkbox"/> OTHERS _____
<input type="checkbox"/> GROUP D : INSTITUTIONAL <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"/> GROUP J : (J-2) ACCESSORIES <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:			BOX 4 WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE		
_____ Date _____		_____ Date _____			
(Signature Over Printed Name)		(Signature Over Printed Name)			
Address _____			Address _____		
Gov't Issued ID No. _____	Date Issued _____	Place Issued _____	Gov't Issued ID No. _____	Date Issued _____	Place Issued _____

BOX 5

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) S.S

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

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

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 _____)

*May require additional requirements

BOX 6 (TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION)

ASSESSED FEES	ACCOUNT	BASIS OF ASSESSMENT	AMOUNT DUE	ASSESSED BY
FOR ZONING (ZONING ADMINISTRATOR):				
<input type="checkbox"/> LOCATIONAL / ZONING OF LAND				
FOR BUILDING / STRUCTURE (OBO):				
<input type="checkbox"/> FILING FEE				
<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"/> SURCHARGES				
<input type="checkbox"/> PENALTIES				
FOR FIRE SAFETY (BFP):				
<input type="checkbox"/> FIRE CODE CONSTRUCTION TAX				
<input type="checkbox"/> HOTWORKS				
TOTAL				

TERMS AND CONDITIONS:

1. The Owner/Applicant shall accomplish the prescribed Application Form, with the assistance of the concerned design professional/s and/or the Architect/Civil Engineer, hired/commissioned by him/her 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 of the Philippines (PD 1096), its Revised IRR and all applicable referral codes and professional regulatory laws, together with the other documentary requirements pursuant to Section 302 of PD 1096 and its Revised IRR.

I have read this form, understood its contents and consent to the processing of my personal data. I understand that my consent does not preclude the existence of other criteria for lawful processing of personal data, and does not waive any of my rights under the Data Privacy Act of 2012 and other applicable laws.

SIGNATURE OVER PRINTED NAME OF OWNER/APPLICANT