

UNIFIED APPLICATION FORM FOR BUILDING PERMIT

- SIMPLE COMPLEX*
 NEW RENEWAL AMENDATORY

THIS APPLIES ALSO FOR: LOCALONAL CLEARANCE FIRE SAFETY EVALUATION CLEARANCE

APPLICATION NO.

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AREA NO.

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BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE APPLICANT)

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| 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 _____ | | |
| 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"/> GROUP E : COMMERCIAL | | <input type="checkbox"/> GROUP H : ASSEMBLY (OCCUPANT LOAD LESS THAN 1,000) | |
| <input type="checkbox"/> SINGLE <input type="checkbox"/> DUPLEX <input type="checkbox"/> RESIDENTIAL R-1, R-2 <input type="checkbox"/> OTHERS _____ | | <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"/> THEATER, AUDITORIUM, CONVENTION HALL, GRANDSTAND/ BLEACHER <input type="checkbox"/> OTHERS _____ | |
| <input type="checkbox"/> GROUP B : RESIDENTIAL | | <input type="checkbox"/> GROUP F : LIGHT INDUSTRIAL | | <input type="checkbox"/> GROUP I : ASSEMBLY (OCCUPANT LOAD 1,000 OR MORE) | |
| <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"/> FACTORY / PLANT (USING INCOMBUSTIBLE/ NON-EXPLOSIVE MATERIALS) <input type="checkbox"/> OTHERS _____ | | <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"/> GROUP G : MEDIUM INDUSTRIAL | | <input type="checkbox"/> GROUP J : (J-1) AGRICULTURAL | |
| <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"/> STORAGE / WAREHOUSE (FOR HAZARDOUS/ HIGHLY FLAMMABLE MATERIALS) <input type="checkbox"/> FACTORY (FOR HAZARDOUS/ HIGHLY FLAMMABLE MATERIALS) <input type="checkbox"/> OTHERS _____ | | <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"/> GROUP J : (J-2) ACCESSORIES | | | |
| <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"/> PRIVATE CARPORT / GARAGE, TOWER, SWIMMING POOL, FENCE OVER 1.80m, STEEL / CONCRETE TANK <input type="checkbox"/> OTHERS _____ | | | |
| OCCUPANCY CLASSIFIED _____ | | TOTAL ESTIMATED COST: P _____ | | COST OF EQUIPMENT INSTALLED: | |
| NUMBER OF UNITS _____ | | BUILDING _____ | | 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: _____ | | | |

DO NOT FILL-UP (PSA USE ONLY)

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BOX 2

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| 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

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| APPLICANT: |
| _____ Date _____ (Signature Over Printed Name) |
| Address _____ |
| Gov't Issued ID No. _____ Date Issued _____ Place Issued _____ |

BOX 4

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| WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE |
| _____ Date _____ (Signature Over Printed Name) |
| Address _____ |
| Gov't Issued ID No. _____ Date Issued _____ Place Issued _____ |

BOX 5

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|---|
| 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 Gov't Issued ID No. _____ Date Issued _____ Place Issued _____ (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 _____) |

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