



UNIFIED APPLICATION FORM FOR BUILDING PERMIT

☐ SIMPLE☐ NEW☐ LOCATIONAL CLEARANCE

☐ COMPLEX\*☐ RENEWAL☐ FIRE SAFETY EVALUATION CLEARANCE

☐ AMENDATORY

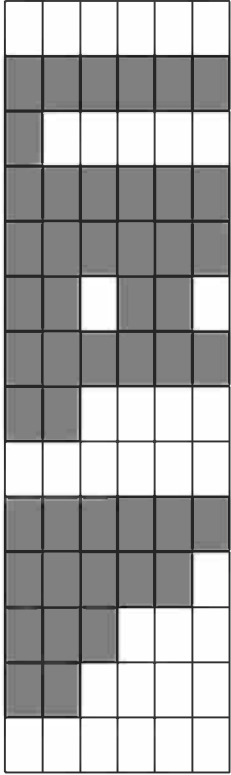
APPLICATION NO.  
**202** - - - **AN** -

AREA NO.  
**0 3 0 4 1**

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



BOX 2

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

|                                                                                                 |                 |                   |
|-------------------------------------------------------------------------------------------------|-----------------|-------------------|
| <div>ARCHITECT OR CIVIL ENGINEER<br/>(Signed and Sealed Over Printed Name)<br/>Date _____</div> | Address _____   |                   |
|                                                                                                 | PRC No. _____   | Validity _____    |
|                                                                                                 | PTR No. _____   | Date Issued _____ |
|                                                                                                 | Issued at _____ | TIN _____         |
|                                                                                                 |                 |                   |

BOX 3

APPLICANT:

(Signature Over Printed Name)

Date \_\_\_\_\_

Address \_\_\_\_\_

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

BOX 4

WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE

(Signature Over Printed Name)

Date \_\_\_\_\_

Address \_\_\_\_\_

|                           |                   |                    |
|---------------------------|-------------------|--------------------|
| 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:

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 \_\_\_\_\_)

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

| ASSESSED FEES                             | ACCOUNT | BASIS OF ASSESSMENT | AMOUNT DUE | ASSESSED BY |
|-------------------------------------------|---------|---------------------|------------|-------------|
| <b>FOR ZONING (ZONING ADMINISTRATOR):</b> |         |                     |            |             |
| LOCATIONAL / ZONING OF LAND               |         |                     |            |             |
| <b>FOR BUILDING / STRUCTURE (OBO):</b>    |         |                     |            |             |
| PROCESSING FEE                            |         |                     |            | MEGF        |
| INSPECTION FEE                            |         |                     |            | MEGF        |
| FILLING FEE                               |         |                     |            | MEGF        |
| LINE AND GRADE FEES                       |         |                     |            | MEGF        |
| BUILDING FEE                              |         |                     |            | MEGF        |
| SANITARY/PLUMBING FEE                     |         |                     |            | MEGF        |
| ELECTRICAL FEE                            |         |                     |            | MEGF        |
| CFEI                                      |         |                     |            | MEGF        |
| OCCUPANCY                                 |         |                     |            | MEGF        |
| ELECTRONICS                               |         |                     |            | MEGF        |
| FENCING                                   |         |                     |            | MEGF        |
| MECHANICAL                                |         |                     |            | MEGF        |
| OTHERS                                    |         |                     |            | MEGF        |
| <b>FOR FIRE SAFETY (BFP):</b>             |         |                     |            |             |
| FIRE CODE CONSTRUCTION TAX                |         |                     |            |             |
| 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