

OFFICE OF THE BUILDING OFFICIAL UNIFIED APPLICATION FORM FOR BUILDING PERMIT AND FIRE SAFETY EVALUATION CLEARANCE

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. _____		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"/> 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				EXPECTED DATE OF COMPLETION _____							
LOT AREA _____ SQUARE METERS											

DO NOT FILL-UP (PSA USE ONLY)

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 _____

CTC No	Date Issued	Place Issued
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BOX 4

WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE

_____ Date _____
(Signature Over Printed Name)

Address _____

CTC 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	_____	C.T.C. No.	_____	Date Issued	_____	Place Issued
_____	LICENSED ARCHITECT OR CIVIL ENGINEER (Full-Time Inspector and Supervisor of Construction Works)	_____	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 prescribe Unified 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 Unified 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.