



Republic of the Philippines
City of Pasig
National Capital Region
UNIFIED APPLICATION FORM FOR BUILDING PERMIT
OFFICE OF THE BUILDING OFFICIAL

Tel. No.: 8-6431111 LOC. 1682 / 1673
Cell. No.: 0969 124 9060 (text only)



THIS APPLIES ALSO FOR: SIMPLE NEW LOCAL CLEARANCE RENEWAL COMPLEX* AMENDATORY FIRE SAFETY EVALUATION CLEARANCE

APPLICATION NO.

BUILDING PERMIT NO.

DATE ISSUED

--	--	--	--	--	--	--	--

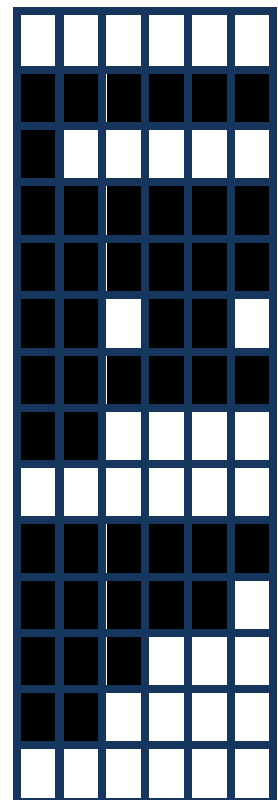
		-					-				
--	--	---	--	--	--	--	---	--	--	--	--

		-					-				
--	--	---	--	--	--	--	---	--	--	--	--

BOX 1 (TO BE ACCOMPLISHED BY THE OWNER / APPLICANT/ COMPANY)

DO NOT FILL-UP (PSA USE ONLY)

OWNER / APPLICANT/COMPANY	LAST NAME	FIRST NAME	M.I.	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE		FORM OF OWNERSHIP		
ADDRESS LOT NO. _____ BLK NO. _____ TCT NO. _____ CURRENT TAX DEC. NO. _____				
STREET _____ BARANGAY _____ CITY / MUNICIPALITY OF _____				
LOCATION OF CONSTRUCTION				TELEPHONE / MOBILE NO.
SCOPE OF WORKS				
<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"/> BANK <input type="checkbox"/> STORE <input type="checkbox"/> SHOPPING CENTER / MALL		<input type="checkbox"/> THEATER AUDITORIUM, CONVENTIONAL HALL, GRANDSTAND / BLEACHER
<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> DINING DRINKING ESTABLISHMENT		<input type="checkbox"/> OTHERS _____
<input type="checkbox"/> GROUP B - RESIDENTIAL		<input type="checkbox"/> SHOP (I.E. DRESS SHOP, TAILORING, BARBERSHOP, ETC.)		<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"/> OTHERS _____		<input type="checkbox"/> COLISEUM, SPORTS COMPLEX, CONVENTION CENTER AND SIMILAR STRUCTURE
<input type="checkbox"/> DORMITORY <input type="checkbox"/> BOARDING HOUSE, LODGING HOUSE		<input type="checkbox"/> GROUP F - LIGHT INDUSTRIAL		<input type="checkbox"/> OTHERS _____
<input type="checkbox"/> RESIDENTIAL R-3, R-4, R5		<input type="checkbox"/> FACTORY / PLANT (USING INCOMBUSTIBLE / NON-EXPLOSIVE MATERIALS)		<input type="checkbox"/> GROUP J - (J-1) AGRICULTURAL
<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> BARN, GRANARY, POULTRY HOUSE, PIGGERY, GRAN MILL, GRAIN SILO
<input type="checkbox"/> GROUP C - EDUCATIONAL & RECREATIONAL		<input type="checkbox"/> GROUP G - MEDIUM INDUSTRIAL		<input type="checkbox"/> OTHERS _____
<input type="checkbox"/> SCHOOL BUILDING <input type="checkbox"/> SCHOOL AUDITORIUM, GYMNASIUM		<input type="checkbox"/> STORAGE / WAREHOUSE (FOR HAZARDOUS / HIGHLY FLAMMABLE MATERIALS)		<input type="checkbox"/> GROUP J - (J-2) ACCESSORIES
<input type="checkbox"/> CIVIC CENTER <input type="checkbox"/> CHURCH, MOSQUE, TEMPLE, CHAPEL		<input type="checkbox"/> FACTORY (FOR HAZARDOUS / HIGHLY FLAMMABLE MATERIALS)		<input type="checkbox"/> PRIVATE CARPORT, / GARAGE, TOWER, SWIMMING POOL, FENCE OVER 1.80M, STEEL CONCRETE TANK
<input type="checkbox"/> CLUBHOUSE <input type="checkbox"/> OTHERS _____		<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> OTHERS _____
<input type="checkbox"/> GROUP D - INSTITUTIONAL		<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> OTHERS _____
<input type="checkbox"/> HOSPITAL OR SIMILAR STRUCTURE		<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> OTHERS _____
<input type="checkbox"/> HOME FOR THE AGED		<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> OTHERS _____
<input type="checkbox"/> GOVERNMENT OFFICE		<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> OTHERS _____
<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> OTHERS _____
OCCUPANCY CLASSIFIED _____		TOTAL ESTIMATED COST P _____		
NUMBER OF UNITS _____		BUILDING _____		
NUMBER OF STOREY _____		ELECTRICAL _____		
TOTAL FLOOR AREA _____ SQ. M.		MECHANICAL _____		
LOT AREA _____ SQ. M.		ELECTRONICS _____		
Proposed date of construction _____		PLUMBING _____		
Expected date of completion _____		Cost of equipment installed P _____		



BOX 2

FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS (REPRESENTING THE OWNER)	
<p>_____</p> <p>ARCHITECT OR CIVIL ENGINEER</p> <p>(Signed and Sealed Over Printed Name)</p> <p>Date _____</p>	ADDRESS
	PRC NO. _____
	PTR NO. _____
	ISSUED AT _____
	VALIDITY _____
	DATE ISSUED _____
	TIN _____

BOX 3

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

BOX 4

WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE
_____ Date _____
(Signature Over Printed Name)
Address _____
Gov't Issued ID 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

<p>_____</p> <p>APPLICANT</p>	<p>_____</p> <p>Gov't Issued ID No. _____</p>	<p>_____</p> <p>Date Issued _____</p>	<p>_____</p> <p>Place Issued _____</p>
<p>_____</p> <p>LICENSED ARCHITECT OR CIVIL ENGINEER (Full-time Inspector and Supervisor of Construction works)</p>	<p>_____</p> <p>Gov't Issued ID No. _____</p>	<p>_____</p> <p>Date Issued _____</p>	<p>_____</p> <p>Place Issued _____</p>

whose signature appear above, known to me to be the same persons who executed this standard prescribed form and acknowledge to me that the same is their free and voluntary CT and Deed.
WITNESSED MY HAND AND SEAL on the date and place above written

Doc. No. _____
Page No. _____
Book No. _____
Series No. _____

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