

## OFFICE OF THE BUILDING OFFICIAL UNIFIED APPLICATION FORM FOR BUILDING PERMIT

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. _____
STREET _____		BARANGAY _____	CITY/MUNICIPALITY OF _____	
<b>SCOPE OF WORK</b>				
<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 _____			
<b>USE OR CHARACTER OF OCCUPANCY</b>				
<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**

<b>FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS (REPRESENTING THE OWNER)</b>			
_____ <b>ARCHITECT OR CIVIL ENGINEER</b> (Signed and Sealed Over Printed Name) Date _____		Address _____	
		PRC No.	Validity
		PTR No.	Date Issued
		Issued at	TIN

**BOX 3**

<b>APPLICANT:</b>		
_____ Date _____		
(Signature Over Printed Name)		
Address _____		
CTC No	Date Issued	Place Issued

**BOX 4**

<b>WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE</b>		
_____ Date _____		
(Signature Over Printed Name)		
Address _____		
CTC 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:

_____	C.T.C. No.	Date Issued	Place Issued
APPLICANT			
_____	C.T.C. No.	Date Issued	Place Issued
LICENSED ARCHITECT OR CIVIL ENGINEER <small>(Full-Time Inspector and Supervisor of Construction Works)</small>			

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	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			
<b>TOTAL</b>			

**TERMS AND CONDITIONS**

1. The Owner/Permittee shall accomplish the prescribed Unified Application Form with the assistance of the concerned design professional/s and/or the Architectural/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 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.