



Republic of the Philippines
City of San Juan, Metro Manila
OFFICE OF THE BUILDING OFFICIAL



UNIFIED APPLICATION FORM FOR BUILDING PERMIT

SIMPLE COMPLEX* HIGHLY TECHNICAL AMENDATORY

THIS APPLIES ALSO FOR: LOCATIONAL CLEARANCE FIRE SAFETY EVALUATION CLEARANCE

APPLICATION NUMBER:

BUILDING PERMIT NO.

DATE ISSUED:

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

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

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

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

OWNER / APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN	DO NOT FILL-UP (PSA USE ONLY)	
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"/> SINGLE <input type="checkbox"/> DUPLEX <input type="checkbox"/> RESIDENTIAL R-1, R-2 <input type="checkbox"/> OTHERS _____ <input type="checkbox"/> GROUP B : RESIDENTIAL <input type="checkbox"/> HOTEL <input type="checkbox"/> MOTEL <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> DORMITORY <input type="checkbox"/> BOARDINGHOUSE, <input type="checkbox"/> RESIDENTIAL R-3, R-4, R-5 <input type="checkbox"/> LODGING HOUSE <input type="checkbox"/> OTHERS _____ <input type="checkbox"/> GROUP C : EDUCATIONAL & RECREATIONAL <input type="checkbox"/> SCHOOL BUILDING <input type="checkbox"/> SCHOOL AUDITORIUM, <input type="checkbox"/> CIVIC CENTER <input type="checkbox"/> GYMNASIUM <input type="checkbox"/> CLUBHOUSE <input type="checkbox"/> CHURCH, MOSQUE, <input type="checkbox"/> OTHERS <input type="checkbox"/> TEMPLE, CHAPEL <input type="checkbox"/> GROUP D : INSTITUTIONAL <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"/> GROUP E : COMMERCIAL <input type="checkbox"/> BANK <input type="checkbox"/> STORE <input type="checkbox"/> SHOPPING <input type="checkbox"/> DRINKING / DINING <input type="checkbox"/> CENTER / MALL <input type="checkbox"/> ESTABLISHMENT <input type="checkbox"/> SHOP (i.e. DRESS SHOP, TAILORING, <input type="checkbox"/> BARBERSHOP, etc.) <input type="checkbox"/> OTHERS _____ <input type="checkbox"/> GROUP F : LIGHT INDUSTRIAL <input type="checkbox"/> FACTORY / PLANT (USING INCOMBUSTIBLE/ <input type="checkbox"/> NON-EXPLOSIVE MATERIALS <input type="checkbox"/> OTHERS _____ <input type="checkbox"/> GROUP G : MEDIUM INDUSTRIAL <input type="checkbox"/> STORAGE / WAREHOUSE (FOR HAZARDOUS/ <input type="checkbox"/> HIGHLY FLAMMABLE MATERIALS <input type="checkbox"/> FACTORY (FOR HAZARDOUS/ HIGHLY <input type="checkbox"/> FLAMMABLE MATERIALS <input type="checkbox"/> OTHERS _____ <input type="checkbox"/> GROUP H : ASSEMBLY (OCCUPANT LOAD LESS THAN 1,000) <input type="checkbox"/> THEATER, AUDITORIUM, CONVENTION HALL, <input type="checkbox"/> GRANDSTAND/ BLEACHER <input type="checkbox"/> OTHERS _____ <input type="checkbox"/> GROUP I : ASSEMBLY (OCCUPANT LOAD 1,000 OR MORE) <input type="checkbox"/> COLISEUM, SPORTS COMPLEX, <input type="checkbox"/> CONVENTION CENTER AND SIMILAR <input type="checkbox"/> STRUCTURE <input type="checkbox"/> OTHERS _____ <input type="checkbox"/> GROUP J : (J-1) AGRICULTURAL <input type="checkbox"/> BARN, GRANARY, POULTRY HOUSE, <input type="checkbox"/> PIGGERY, GRAIN MILL, GRAIN SILO <input type="checkbox"/> OTHERS _____ <input type="checkbox"/> GROUP J : (J-2) ACCESSORIES <input type="checkbox"/> PRIVATE CARPORT / GARAGE, TOWER, <input type="checkbox"/> SWIMMING POOL, FENCE OVER 1.80m, <input type="checkbox"/> STEEL / CONCRETE TANK <input type="checkbox"/> OTHERS _____						
OCCUPANCY CLASSIFIED _____		TOTAL ESTIMATED COST: P _____				
NUMBER OF UNITS _____		BUILDING _____		COST OF EQUIPMENT INSTALLED: P _____		
NUMBER OF STOREY _____		ELECTRICAL _____		P _____		
TOTAL FLOOR AREA _____ SQ. M.		MECHANICAL _____		P _____		
LOT AREA _____ SQ. M.		ELECTRONICS _____		P _____		
PROPOSED DATE OF CONSTRUCTION: _____		PLUMBING _____ P _____				
EXPECTED DATE OF COMPLETION: _____						

BOX 2

DESIGNER (Architect / Engineer)			FULL-TIME INSPECTOR & SUPERVISOR OF CONSTRUCTION WORKS (Architect / Engineer)		
_____ (Signed and Sealed Over Printed Name)			_____ (Signed and Sealed Over Printed Name)		
Date _____			Date _____		
PRC No. _____	PTR No. _____	Issued at _____	PRC No. _____	PTR No. _____	Issued at _____
Validity _____	TIN _____	Date Issued _____	Validity _____	TIN _____	Date Issued _____

BOX 3

APPLICANT:			BOX 4		
_____ (Signature Over Printed Name)			Date _____		
Address _____			Date _____		
Gov't Issued ID No. _____	Date Issued _____	Place Issued _____	WITH MY CONSENT: LOT OWNER / AUTHORIZED REPRESENTATIVE		
_____ (Signature Over Printed Name)			Date _____		
Address _____			Date _____		
Gov't Issued ID No. _____	Date Issued _____	Place Issued _____	_____ (Signature Over Printed Name)		
_____ (Signature Over Printed Name)			Date _____		
Address _____			Date _____		
Gov't Issued ID No. _____	Date Issued _____	Place Issued _____	_____ (Signature Over Printed Name)		
_____ (Signature Over Printed Name)			Date _____		
Address _____			Date _____		

BOX 5

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) S.S

BEFORE ME, at the City/Municipality of _____, on _____ personally appeared the following:

_____	Gov't Issued ID No. _____	Date Issued _____	Place Issued _____
APPLICANT	_____	_____	_____
_____	Gov't Issued ID No. _____	Date Issued _____	Place Issued _____
LICENSED ARCHITECT OR CIVIL ENGINEER (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 _____)

	BASIS OF ASSESSMENT	AMOUNT DUE	ASSESSED BY	OFFICIAL RECEIPT	
				NUMBER	DATE
<input type="checkbox"/> FILING FEE					
<input type="checkbox"/> TREASURY					
<input type="checkbox"/> ASSESSOR					
<input type="checkbox"/> LOCATIONAL / ZONING OF LAND USE					
<input type="checkbox"/> LINE AND GRADE (Geodetic)					
<input type="checkbox"/> FENCING					
<input type="checkbox"/> EXCAVATION					
<input type="checkbox"/> BUILDING / ARCHITECTURAL					
<input type="checkbox"/> ELECTRICAL					
<input type="checkbox"/> MECHANICAL					
<input type="checkbox"/> PLUMBING AND SANITARY					
<input type="checkbox"/> ELECTRONICS					
<input type="checkbox"/> CENRO					
<input type="checkbox"/> SIGNAGES / BILLBOARD					
<input type="checkbox"/> CONTRACTOR'S PERMIT					
<input type="checkbox"/> FIRE CODE CONSTRUCTION TAX					
<input type="checkbox"/> SURCHARGES / ADMINISTRATIVE					
<input type="checkbox"/> PENALTIES					
<input type="checkbox"/> PROCESSING FEE					
<input type="checkbox"/> INSPECTION FEE					
<input type="checkbox"/> CERTIFICATE FEE					
TOTAL					

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 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.

ARCH. ALFREDO G. GARCIA

ACTING CITY BUILDING OFFICIAL