## Republic of the Philippines City of San Juan, Metro Manila OFFICE OF THE BUILDING OFFICIAL UNIFIED APPLICATION FORM FOR BUILDING PERMIT



|                                                                                                                                                                                                                                                                                                       | SIMPLE                                                                                                                                                                                           |                                                                                 | LEX*<br>'IONAL CLEAF                                                                                                                                                                                                                                      |                                                                                                                                                  | HIGHLY 1                                                                      | ECHN                       |                                                                                                                      | RE SAFETY EVALU                                                       | AMENDAT                                                                    |             | E           |          |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-------------|-------------|----------|--------|
| APPLICATION NUMBER                                                                                                                                                                                                                                                                                    | र:                                                                                                                                                                                               |                                                                                 | BUILDING                                                                                                                                                                                                                                                  | G PERMIT                                                                                                                                         | NO.                                                                           |                            |                                                                                                                      | DAT                                                                   | E ISSUED:                                                                  |             |             |          |        |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                                                                                 |                                                                                                                                                                                                                                                           |                                                                                                                                                  |                                                                               |                            |                                                                                                                      |                                                                       |                                                                            |             |             |          |        |
| BOX 1 (TO BE ACCON                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                  |                                                                                 |                                                                                                                                                                                                                                                           |                                                                                                                                                  |                                                                               |                            |                                                                                                                      |                                                                       |                                                                            |             |             |          |        |
| OWNER / APPLICANT                                                                                                                                                                                                                                                                                     | LAST NAME                                                                                                                                                                                        |                                                                                 | FIRST N                                                                                                                                                                                                                                                   | AME                                                                                                                                              |                                                                               |                            | M.I.                                                                                                                 | TIN                                                                   |                                                                            |             | FILL-UP (   | PSA US   | SE ONL |
| FOR CONSTRUCTION OWNED BY AN ENTERPRISE FORM OF                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                                                                                 | FORM OF O                                                                                                                                                                                                                                                 | OWNERSHIP                                                                                                                                        |                                                                               |                            | NATURE OF BUSIN                                                                                                      | ESS                                                                   | 1                                                                          |             |             |          |        |
| ADDRESS: NO.,                                                                                                                                                                                                                                                                                         | STREET,                                                                                                                                                                                          | BARANGAY,                                                                       | CITY / M                                                                                                                                                                                                                                                  | UNICIPALIT                                                                                                                                       | Y                                                                             | ZIP C                      | ODE                                                                                                                  | CONTACT NO.                                                           |                                                                            |             |             |          |        |
| LOCATION OF CONSTRU                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                  |                                                                                 |                                                                                                                                                                                                                                                           |                                                                                                                                                  |                                                                               |                            |                                                                                                                      |                                                                       |                                                                            |             |             |          |        |
| STREET                                                                                                                                                                                                                                                                                                | BARANGA                                                                                                                                                                                          | .Y                                                                              |                                                                                                                                                                                                                                                           | _ CITY / M                                                                                                                                       | UNICIPALI                                                                     | Y OF_                      | -                                                                                                                    |                                                                       | _                                                                          |             |             |          |        |
| SCOPE OF WORK                                                                                                                                                                                                                                                                                         | ом С                                                                                                                                                                                             |                                                                                 | Ν                                                                                                                                                                                                                                                         |                                                                                                                                                  |                                                                               | G                          |                                                                                                                      |                                                                       |                                                                            |             |             |          | _      |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  | CONVERSIO                                                                       |                                                                                                                                                                                                                                                           | [                                                                                                                                                |                                                                               | SORY I                     | BUILDING                                                                                                             | S/STRUCTURE                                                           |                                                                            |             |             |          |        |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                                                                                 |                                                                                                                                                                                                                                                           | LEGALIZATION OF EXISTING BUILDING                                                                                                                |                                                                               |                            |                                                                                                                      |                                                                       |                                                                            |             |             |          |        |
| USE OR CHARACTER O                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                  |                                                                                 | n                                                                                                                                                                                                                                                         |                                                                                                                                                  | OTHER                                                                         | S (Spec                    | cify)                                                                                                                |                                                                       |                                                                            |             |             |          |        |
| GROUP A : RESIDEN<br>SINGLE DUP<br>OTHERS<br>GROUP B : RESIDEN<br>HOTEL MOT<br>DORMITORY<br>RESIDENTIAL R-3, R-<br>OTHERS<br>GROUP C : EDUCAT<br>SCHOOL BUILDING<br>CIVIC CENTER<br>CLUBHOUSE<br>OTHERS<br>GROUP D : INSTITUT<br>HOSPITAL OR SIMILA<br>HOME FOR THE AGE<br>GOVERNMENT OFFIC<br>OTHERS | PLEX RESIDENTIA<br>TIAL<br>EL TOWNHOUS<br>BOARDINGH<br>BOARDINGH<br>LODGINGH<br>IONAL & RECREAT<br>SCHOOL AL<br>GYMNASUU<br>CHURCH, M<br>TEMPLE, CHURCH, M<br>TEMPLE, CHURCH<br>R STRUCTURE<br>D | E IOUSE,<br>IOUSE,<br>IOUSE<br>IDITORIUM,<br>IDITORIUM,<br>M<br>OSQUE,<br>IAPEL | GROUP E : CON<br>BANK<br>DRINKING / DI<br>ESTABLISHME<br>SHOP (i.e. DRE<br>BARBERSHOP<br>OTHERS<br>GROUP F : LIGI<br>FACTORY / PLA<br>NON-EXPLOSIN<br>OTHERS<br>GROUP G : MELI<br>STORAGE / WAA<br>HIGHLY FLAMM<br>FACTORY (FOR<br>FLAMMABLE M.<br>OTHERS | STORE SHOP, TAI<br>NING<br>SNT<br>SS SHOP, TAI<br>, etc.)<br>HT INDUSTF<br>MATERIALS<br>DIUM INDUS<br>REHOUSE (FC<br>IABLE MATERIALS<br>ATERIALS | CENTER / M<br>ILORING,<br>RIAL<br>COMBUSTIBL<br>STRIAL<br>DR HAZARDOI<br>IALS | E/                         | THE<br>GRA<br>GRAUL<br>GROUL<br>CON<br>CON<br>CON<br>STR<br>OTH<br>GROUL<br>BAF<br>PIG<br>GROUL<br>BAF<br>PIG<br>SWI | P J : (J-1) AGRICULT<br>RN, GRANARY, POULTRY<br>GERY, GRAIN MILL, GRA | CUPANT<br>EX,<br>SIMILAR<br>FURAL<br>HOUSE,<br>N SILO<br>RIES<br>E, TOWER, |             |             |          |        |
| OCCUPANCY CLASSIFIED_<br>NUMBER OF UNITS_<br>NUMBER OF STOREY<br>TOTAL FLOOR AREA<br>LOT AREA<br>PROPOSED DATE OF CONS                                                                                                                                                                                | Ŧ                                                                                                                                                                                                |                                                                                 | TOTAL ESTIMAT<br>BUILDING<br>ELECTRICAL<br>MECHANICAL<br>ELECTRONICS<br>PLUMBING                                                                                                                                                                          |                                                                                                                                                  | D DATE OF C                                                                   | <br><br>OMPLE <sup>-</sup> | P<br>P<br>P                                                                                                          | OF EQUIPMENT INSTA                                                    |                                                                            | 5           |             |          |        |
| SOX 2 (TO BE ACCOM                                                                                                                                                                                                                                                                                    | IPLISHED BY AR                                                                                                                                                                                   | CHITECT / EN                                                                    | IGINEER)                                                                                                                                                                                                                                                  | 1                                                                                                                                                |                                                                               |                            |                                                                                                                      |                                                                       |                                                                            |             |             | _        |        |
| DESIGNER (Architect / E                                                                                                                                                                                                                                                                               | Engineer)<br>ealed Over Printed Name)                                                                                                                                                            |                                                                                 | Date                                                                                                                                                                                                                                                      | e                                                                                                                                                | FULL-TIN                                                                      |                            |                                                                                                                      | JPERVISOR OF CONSTR                                                   | UCTION WORKS                                                               | S (Architec | t / Enginee |          |        |
| PRC No.                                                                                                                                                                                                                                                                                               | PTR No.                                                                                                                                                                                          |                                                                                 | Issued at                                                                                                                                                                                                                                                 | -                                                                                                                                                | PRC No                                                                        | ).                         |                                                                                                                      | PTR No.                                                               |                                                                            | Issued      | at          | <u> </u> |        |
| Validity                                                                                                                                                                                                                                                                                              | TIN                                                                                                                                                                                              |                                                                                 | Date Issued                                                                                                                                                                                                                                               | 00                                                                                                                                               | Validity                                                                      | $\Box$                     | -                                                                                                                    | TIN                                                                   |                                                                            | Date Is     | sued        |          |        |
| OX 3 (TO BE ACCOM<br>APPLICANT:                                                                                                                                                                                                                                                                       | IPLISHED BY TH                                                                                                                                                                                   | 21                                                                              | PPLICANT)                                                                                                                                                                                                                                                 |                                                                                                                                                  | WITH M                                                                        | 1                          |                                                                                                                      | OT OWNER / AUTHO                                                      |                                                                            | ESENTA      |             |          |        |
| Gov't Issued ID No.                                                                                                                                                                                                                                                                                   | Date Issu                                                                                                                                                                                        | ed                                                                              | Place Issued                                                                                                                                                                                                                                              |                                                                                                                                                  | Gov't Iss                                                                     | _                          | No                                                                                                                   | Date Issued                                                           |                                                                            | lace Issu   | ed          |          |        |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  | u                                                                               |                                                                                                                                                                                                                                                           |                                                                                                                                                  | Bovtiss                                                                       | acu ID                     | 140.                                                                                                                 | Date Issued                                                           | F                                                                          | 1000 1550   | u           |          |        |
| REPUBLIC OF THE PHI<br>CITY/MUNICIPALITY OF                                                                                                                                                                                                                                                           |                                                                                                                                                                                                  | ality of                                                                        | )                                                                                                                                                                                                                                                         | S.S                                                                                                                                              |                                                                               |                            |                                                                                                                      | , on                                                                  |                                                                            | personal    | ly appear   | ed the   | 9      |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  | APPLICANT                                                                       |                                                                                                                                                                                                                                                           |                                                                                                                                                  | Gov't Issu                                                                    | ed ID No                   | . [                                                                                                                  | Date Issued                                                           | Place                                                                      | Issued      |             |          |        |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  | ARCHITECT OR CI                                                                 |                                                                                                                                                                                                                                                           |                                                                                                                                                  | Gov't Issu                                                                    | ed ID No                   | C                                                                                                                    | Date Issued                                                           | Place                                                                      | ssued       |             | _        |        |
| whose signatures appear<br>voluntary act and deed.<br>WITNESS M<br>Doc. No.<br>Page No.<br>Book No.<br>Series of                                                                                                                                                                                      |                                                                                                                                                                                                  | n to me to be the                                                               | same persons w                                                                                                                                                                                                                                            |                                                                                                                                                  | I this standa                                                                 | rd preso                   | cribed forr                                                                                                          | n and acknowledged t                                                  |                                                                            |             |             | and      |        |

|                                    | BASIS OF   | AMOUNT | ASSESSED BY | OFFICIAL RECEIPT |      |  |
|------------------------------------|------------|--------|-------------|------------------|------|--|
|                                    | ASSESSMENT | DUE    |             | NUMBER           | DATE |  |
| □ FILING FEE                       |            |        |             |                  |      |  |
|                                    |            |        |             |                  |      |  |
| ASSESSOR                           |            |        |             |                  |      |  |
| LOCATIONAL / ZONING OF<br>LAND USE |            |        |             |                  |      |  |
| LINE AND GRADE (Geodetic)          |            |        |             |                  |      |  |
|                                    |            |        |             |                  |      |  |
|                                    |            |        |             |                  |      |  |
| BUILDING / ARCHITECTURAL           |            |        |             |                  |      |  |
|                                    |            |        |             |                  |      |  |
| MECHANICAL                         |            |        |             |                  |      |  |
| PLUMBING AND SANITARY              |            |        |             |                  |      |  |
|                                    |            |        |             |                  |      |  |
| CENRO                              |            |        |             |                  |      |  |
| SIGNAGES / BILLBOARD               |            |        |             |                  |      |  |
| CONTRACTOR'S PERMIT                |            |        |             |                  |      |  |
| □ FIRE CODE CONSTRUCTION TAX       |            |        |             |                  |      |  |
| SURCHARGES                         |            |        |             |                  |      |  |
|                                    |            |        |             |                  |      |  |
|                                    |            |        |             |                  |      |  |
| INSPECTION 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