Republic of the Philippines
Municipality of San Rafael
Province of Bulacan

OFFICE OF THE BUILDING OFFICIAL

APPLICATION FOR BUILDING PERMIT

☐ New ☐ Renewal ☐ Amendatory

APPLICATION NO. | | | | | | | | | | |

AREA NO. | | | | | | | | | | |

Box 1 (To be accomplished in Print by the applicant)

DO NOT FILL UP (NSO USE ONLY)

OWNER / APPLICANT LASTNAME FIRSTNAME M.I.	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE	FORM OF OWNERSHIP
ADDRESS: NO. STREET BARANGAY CITY/MUNICIPALITY ZIP CODE	TEL NO.

LOCATION OF CONSTRUCTION: LOT NO: _____ BLK NO. _____ TCT NO. _____ TAX DEC NO. _____

STREET _____ BARANGAY _____ CITY / MUNICIPALITY OF _____

SCOPE OF WORK

☐ NEW CONSTRUCTION	☐ RENOVATION _____	☐ RAISING _____
☐ ERECTION _____	☐ CONSERVASION _____	☐ ACCESSORY BUILDING/STRUCTURE _____
☐ ADDITION _____	☐ REPAIR _____	☐ OTHERS (Specify) _____
☐ ALTERATION	☐ MOVING	

USE OR CHARACTER OF OCCUPANCY

☐ GROUP A: RESIDENTIAL	☐ GROUP F: INDUSTRIAL ☐ OTHERS (Specify) _____
☐ GROUP B: RESIDENTIAL HOTEL, APARTMENT	☐ GROUP G: INDUSTRIAL STORAGE AND HAZARDOUS
☐ GROUP C: EDUCATIONAL, RECREATIONAL	☐ GROUP H: RECREATIONAL, ASSEMBLY OCCUPANT LOAD LESS THAN 100
☐ GROUP D: INSTITUTIONAL	☐ GROUP I: RECREATIONAL, ASSEMBLY OCCUPANT LOAD 1000
☐ GROUP E: BUSINESS AND MERCANTILE	☐ GROUP J. AGRICULTURAL, ACCESORY

OCCUPANCY CLASSIFIED _____ Total Estimated cost P _____

NUMBER OF UNITS _____ Proposed date of Construction _____

TOTAL FLOOR AREA _____ Square Meters Expected Date of Completion _____

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:

BOX 4

WITH MY CONSENT: LOT OWNER

_____ Date: _____
(Signature over Printed Name)

Address:

CTC No.	Date Issued:	Place Issued:

BOX 5

REPUBLIC OF THE PHILIPPINES)
CITY / MUNICIPALITY OF _____) SS

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

APPLICANT	CTC No.	Date Issued	Place Issued

LICENSED ARCHITECT OR CIVIL ENGINEER (Full-time Inspector and Supervisor of Construction works)	CTC No.	Date Issued	Place Issued

Whose signatures appear herein above, known to me to be the same persons who executed this standard prescribed form and package 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.