

Republic of the Philippines
 Department of Public Works & Highways
 Pamahalaang Lungsod/Bayan ng Naga
 Lalawigan ng Zamboanga Sibugay
TANGGAPAN NG PUNONG PANGGUSALI
(Office of the Building Official)
 PROCESSING AND EVALUATION DIVISION
 Architectural Section
ARCHITECTURAL PERMIT

APPLICATION NO.

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AP NO.

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BUILDING PERMIT NO.

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

OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE		FORM OF OWNERSHIP		USE OR CHARACTER OF OCCUPANCY
ADDRESS:	NO.,	STREET,	BARANGAY,	CITY/MUNICIPALITY
				ZIPCODE
				TELEPHONE NO.
LOCATION OF CONSTRUCTION:		LOT NO.	BLK NO.	TCT NO.
				TAX DEC. NO.
STREET		BARANGAY		CITY/MUNICIPALITY OF

SCOPE OF WORK

<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RENOVATION	<input type="checkbox"/> DEMOLITION
<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	

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

1. ARCHITECTURAL FACILITIES AND OTHER FEATURES PURSUANT TO BATAS PAMBANSA BILANG 344, REQUIRING CERTAIN BUILDINGS, INSTITUTIONS, ESTABLISHMENTS AND PUBLIC UTILITIES TO INSTALL FACILITIES AND OTHER DEVICES.

<input type="checkbox"/> STAIRS	<input type="checkbox"/> WASH ROOMS AND TOILETS	<input type="checkbox"/> SWITCHES, CONTROLS, BUZZERS	<input type="checkbox"/> DRINKING FOUNTAINS
<input type="checkbox"/> WALKWAYS	<input type="checkbox"/> LIFTS/ELEVATORS	<input type="checkbox"/> HANDRAILS	<input type="checkbox"/> PUBLIC TELEPHONES
<input type="checkbox"/> CORRIDORS	<input type="checkbox"/> RAMPS	<input type="checkbox"/> THRESHOLDS	<input type="checkbox"/> SEATING ACCOMMODATIONS
<input type="checkbox"/> DOORS, ENTRANCES & THRESHOLDS	<input type="checkbox"/> PARKING AREAS	<input type="checkbox"/> FLOOR FINISHES	<input type="checkbox"/> OTHERS (Specify) _____

<p>2. PERCENTAGE OF SITE OCCUPANCY</p> <p>PERCENTAGE OF BUILDING FOOTPRINT _____ %</p> <p>PERCENTAGE OF IMPERVIOUS SURFACE AREA _____ %</p> <p>PERCENTAGE OF UNPAVED SURFACE AREA _____ %</p> <p>OTHERS (Specify) _____</p>	<p>3. CONFORMANCE TO FIRE CODE OF THE PHILIPPINES (P.D. 1185)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> NUMBER AND WIDTH OF EXIT DOORS</td> <td><input type="checkbox"/> FIRE WALLS</td> <td><input type="checkbox"/> OTHERS (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/> WIDTH OF CORRIDORS</td> <td><input type="checkbox"/> FIRE FIGHTING AND SAFETY FACILITIES</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DISTANCE TO FIRE EXITS</td> <td><input type="checkbox"/> SMOKE DETECTORS</td> <td></td> </tr> <tr> <td><input type="checkbox"/> ACCESS TO PUBLIC STREET</td> <td><input type="checkbox"/> EMERGENCY LIGHTS</td> <td></td> </tr> </table>	<input type="checkbox"/> NUMBER AND WIDTH OF EXIT DOORS	<input type="checkbox"/> FIRE WALLS	<input type="checkbox"/> OTHERS (Specify) _____	<input type="checkbox"/> WIDTH OF CORRIDORS	<input type="checkbox"/> FIRE FIGHTING AND SAFETY FACILITIES		<input type="checkbox"/> DISTANCE TO FIRE EXITS	<input type="checkbox"/> SMOKE DETECTORS		<input type="checkbox"/> ACCESS TO PUBLIC STREET	<input type="checkbox"/> EMERGENCY LIGHTS	
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<input type="checkbox"/> DISTANCE TO FIRE EXITS	<input type="checkbox"/> SMOKE DETECTORS												
<input type="checkbox"/> ACCESS TO PUBLIC STREET	<input type="checkbox"/> EMERGENCY LIGHTS												

BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
<p>_____</p> <p>ARCHITECT (Signed and Sealed Over Printed Name)</p>	
Address	
PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

BOX 4

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

BOX 5

BUILDING OWNER		
<p>_____</p> <p>(Signature Over Printed Name)</p>		
Address		
C.T.C. No.	Date Issued	Place Issued

BOX 6

<p>WITH MY CONSENT : LOT OWNER</p> <p>_____</p> <p>(Signature Over Printed Name)</p>		
Address		
C.T.C. No.	Date Issued	Place Issued