



CIVIL/STRUCTURAL PERMIT

APPLICATION NO.	C/SP NO.	BUILDING PERMIT NO.																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:12.5%; height: 20px;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td></tr> </table>									<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:12.5%; height: 20px;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td></tr> </table>									<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:12.5%; height: 20px;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td></tr> </table>								

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

OWNER/APPLICANT				LAST NAME	FIRSTNAME	MI	TIN
FOR CONSTRUCTION OWNED			FORM OF OWNERSHIP		USE OF CHARACTER OF OCCUPANCY		
BY AN ENTERPRISE							
ADDRESS	NO.	STREET	BARANGAY	CITY/MUNICIPALITY		ZIPCODE	TELEPHONE NO.
LOCATION OF CONSTRUCTION: LOTNO. _____ BLK NO. _____ TCT NO. _____ TAX DEC NO. _____							
STREET _____ BARABGAY _____ CITY/MUNICIPALITY _____							
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"/> DEMOLITION _____				
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR _____		<input type="checkbox"/> ACCESORY BUILDING/STRUCTURE _____				
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING _____		<input type="checkbox"/> OTHERS(Specify) _____				

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

NATURE OF CIVIL/STRUCTURAL WORKS:		
<input type="checkbox"/> STAKING	<input type="checkbox"/> ERECTION/LIFTING	<input type="checkbox"/> PRESTRESS WORKS
<input type="checkbox"/> EXCAVATION	<input type="checkbox"/> CONCRETE FRAMING	<input type="checkbox"/> MATERIAL TESTING
<input type="checkbox"/> SOIL STABILIZATION	<input type="checkbox"/> STRUCTURAL STEEL FRAMING	<input type="checkbox"/> STEEL TOWER
<input type="checkbox"/> PILING WORKS	<input type="checkbox"/> SLABS	<input type="checkbox"/> TANKS
<input type="checkbox"/> FOUNDATIONWALLS		<input type="checkbox"/> OTHERS (Specify) _____
PREPARED BY _____		

BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
_____ CIVIL/STRUCTURAL ENGINEER (Signed and Sealed Over Printed Name) Date _____	
Address	
PRC No.	Validity
PTR No.	Date Issued
Issued At	TIN

BOX 4

SUPERVISOR/IN-CHARGE OF CIVIL/STRUCTURAL WORKS	
_____ CIVIL/STRUCTURAL ENGINEER (Signed and Sealed Over Printed Name) Date _____	
Address	
PRC No.	Validity
PTR No.	Date Issued
Issued At	TIN

BOX 5

APPLICANT		
_____ (Signature Over Printed Name) Date _____		
Address		
C. T. C No	Date Issued	Place Issued
NBC FORMS		

BOX 6

WITH MY CONCENT: LOT OWNER		
_____ (Signature Over Printed Name) Date _____		
Address		
C. T. C No	Date Issued	Place Issued

