

Republic of the Philippines
 City/Municipality of ORMOC
 Province of LEYTE
OFFICE OF THE BUILDING OFFICIAL

ARCHITECTURAL PERMIT

APPLICATION NO.	AP NO	BUILDING PERMIT NO.

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	ZIP CODE 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"/> 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"/> OTHERS (Specify) _____		
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING _____			

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

<p>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.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> STAIRS</td> <td><input type="checkbox"/> WASH ROOMS AND TOILETS</td> <td><input type="checkbox"/> SWITCHES, CONTROLS, BUZZERS</td> <td><input type="checkbox"/> DRINKING FOUNTAINS</td> </tr> <tr> <td><input type="checkbox"/> WALKWAYS</td> <td><input type="checkbox"/> LIFTS/ELEVATORS</td> <td><input type="checkbox"/> HANDRAILS</td> <td><input type="checkbox"/> PUBLIC TELEPHONES</td> </tr> <tr> <td><input type="checkbox"/> CORRIDORS</td> <td><input type="checkbox"/> RAMPS</td> <td><input type="checkbox"/> THRESHOLDS</td> <td><input type="checkbox"/> SEATING ACCOMMODATIONS</td> </tr> <tr> <td><input type="checkbox"/> DOORS, ENTRANCES & THRESHOLDS</td> <td><input type="checkbox"/> PARKING AREAS</td> <td><input type="checkbox"/> FLOOR FINISHES</td> <td><input type="checkbox"/> OTHERS (Specify) _____</td> </tr> </table>				<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) _____
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<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> <p><input type="checkbox"/> NUMBER AND WIDTH OF EXIT DOORS <input type="checkbox"/> FIRE WALLS <input type="checkbox"/> OTHERS (Specify) _____</p> <p><input type="checkbox"/> WIDTH OF CORRIDORS <input type="checkbox"/> FIRE FIGHTING AND SAFETY FACILITIES</p> <p><input type="checkbox"/> DISTANCE TO FIRE EXITS <input type="checkbox"/> SMOKE DETECTORS</p> <p><input type="checkbox"/> ACCESS TO PUBLIC STREET <input type="checkbox"/> EMERGENCY LIGHTS</p>																		

BOX 3

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

BOX 4

SUPERVISOR / IN-CHARGE OF ARCHITECTURAL WORKS	
_____ Date _____ ARCHITECT (Signed and Sealed Over Printed Name)	
Address	
IAPOA No.	Validity
PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

BOX 5

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

BOX 6

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