NBC FORM NO. B - 01

Republic of the Philippines
City of Imus
Province of Cavite

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	LAST NAME	FIRST NAME	M.I.	TIN

FOR CONSTRUCTION OWNED BY AN ENTERPRISE	FORM OF OWNERSHIP

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

☐ NEW CONSTRUCTION ☐ RENOVATION _____ ☐ RAISING _____

☐ ERECTION _____ ☐ CONVERSION _____ ☐ ACCESSORY BUILDING/STRUCTURE _____

☐ ADDITION _____ ☐ REPAIR _____ ☐ OTHERS (Specify) _____

☐ ALTERATION _____ ☐ MOVING _____ _____

USE OR CHARACTER OF OCCUPANCY

☐ GROUP A : RESIDENTIAL, DWELLINGS ☐ 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 1000

☐ GROUP D : INSTITUTIONAL ☐ GROUP I : RECREATIONAL, ASSEMBLY OCCUPANT LOAD 1000 OR MORE

☐ GROUP E : BUSINESS AND MERCANTILE ☐ GROUP J : AGRICULTURAL, ACCESSORY

OCCUPANCY CLASSIFIED _____
NUMBER OF UNITS_____
TOTAL FLOOR AREA _____ SQUARE METERS

TOTAL ESTIMATED COST P _____
PROPOSED DATE OF CONSTRUCTION _____
EXPECTED DATE OF COMPLETION_____

BOX 2

FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS (REPRESENTING THE OWNER)

	Address	
_____	PRC No.	Validity
ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Over Printed Name) Date_____	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 _____) S.S

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

_____ APPLICANT	_____ C.T.C. No.	_____ Date Issued	_____ Place Issued
_____ LICENSED ARCHITECT OR CIVIL ENGINEER (Full-Time Inspector and Supervisor of Construction Works)	_____ C.T.C. No.	_____ Date Issued	_____ Place Issued

whose signatures appear hereinabove, known to me to be the same persons who executed this standard prescribed form 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.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

_____
NOTARY PUBLIC (Until December _____)