



Application No : _____
O.R. No. : _____
Date Issued : _____
Amount Paid : _____

**OFFICE OF THE CITY PLANNING AND DEVELOPMENT COORDINATOR
OFFICE OF THE ZONING ADMINISTRATOR
City of Imus, Cavite**

APPLICATION FORM FOR ZONING CERTIFICATION

1 NAME OF APPLICANT

2 ADDRESS OF APPLICANT

3 NAME OF OWNER/S

4 LOCATION OF LOT (Street, Barangay, City, Province)

5 TOTAL LOT AREA

6 TCT No/s.

7 RIGHT OVER LAND

8 SIGNATURE OF APPLICANT

9 SIGNATURE OF OWNER

Attachment:

- Vicinity Map
- Lot Plan (Signed and Sealed by Geodetic Engineer)
- Certified True Copy of TCT
- Tax Declaration & Updated Tax Receipt

Republic of the Philippines)
City of Imus, Cavite) S.S.

SUBSCRIBED AND SWORN TO before me this ___ day of _____, 20___ in the City/Municipality of _____, Province of _____, affiant exhibited to me his/her Residence Certificate No. _____ issued at _____ on _____, 20___.

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