



**CITY PLANNING AND DEVELOPMENT OFFICE  
ZONING ADMINISTRATION**

ROUTING SLIP NO: \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_

**ZONING APPLICATION FORM**

**To be accomplished by the APPLICANT**

1. NAME OF OWNER / APPLICANT:			2. NAME OF BUSINESS/CORPORATION: (If applicable, if not print "N/A")				
Family Name	First Name / M.I	Contact Number (s)	Contact Number(s)				
3. ADDRESS OF OWNER / APPLICANT:			4. ADDRESS OF BUSINESS/CORPORATION: (If applicable, if not print "N/A")				
No.	Road/Street Name	Barangay	City/Municipality Province	No.	Road/Street Name	Barangay	City/Municipality Province
5. PROJECT/BUSINESS TYPE AND TITLE:				6. PROJECT NATURE:			
				<input type="checkbox"/> New Business <input type="checkbox"/> Renovation <input type="checkbox"/> Extension <input type="checkbox"/> New Construction <input type="checkbox"/> Others (Please specify): _____			
7. PROJECT/BUSINESS LOCATION:						8. COORDINATE:	
						Latitude: _____	
No.	Road/Street Name	Subdivision	Barangay	City / Province			
						Longitude: _____	
9. Level & Units		7. PROJECT Area: (in square meters)		10. PROJECT TENURE: (Please check appropriate box)			
No of Storey: _____		Lot: _____ sq.m.		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (Please specify years) _____			
No. of Unit/s: _____		Total Floor Area: _____ sq.m.		<input type="checkbox"/> Others (Please specify) _____			
11. RIGHT OVER LAND: (Please check appropriate box)				12. PROJECT COST/ CAPITALIZATION: (In PESO)			
<input type="checkbox"/> Owner      Others: (Please specify) _____ <input type="checkbox"/> Lessee							
				In Figures (Php 000,000.00)			

**To be accomplished by the ZONING EVALUATOR**

14. EXISTING LAND USES OF PROJECT SITE: (Please check appropriate box)		
<input type="checkbox"/> General Residential Zone <input type="checkbox"/> Institutional Zone <input type="checkbox"/> Agricultural Zone <input type="checkbox"/> Parks and Recreational Zone <input type="checkbox"/> Roads and Path walks Zone <input type="checkbox"/> General Commercial Zone <input type="checkbox"/> Socialized Housing Zone <input type="checkbox"/> Industrial Zone <input type="checkbox"/> Utilities Transportation and Services Zone		
15. REQUIREMENTS:		
<input type="checkbox"/> Notarized Application Form <input type="checkbox"/> Notarized Affidavit of Parking <input type="checkbox"/> Barangay Endorsement/Resolution <input type="checkbox"/> HOA-Clearance/Resolution	<input type="checkbox"/> Picture of Establishment including front road <input type="checkbox"/> Certified True Copy of TCT/Deed of Sale/Contract to sell <input type="checkbox"/> Photocopy of Contract of Lease/TCT & Authorization <input type="checkbox"/> Complete Set of Construction Plan	<input type="checkbox"/> Photocopy of DTI/SEC <input type="checkbox"/> Bill of Materials & Specifications <input type="checkbox"/> Lot Plan & Vicinity Map <input type="checkbox"/> Others: _____

**16. OWNER / APPLICANT'S DECLARATION**

I hereby declare under the penalties of perjury that the above information has been furnished in good faith, verified by me and to the best of my knowledge and belief is true and correct.

Verified by:

\_\_\_\_\_  
Owner/Applicant /Authorized Representative  
(Signature Over Printed Name)

\_\_\_\_\_  
Zoning Evaluator

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

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_ at Imus City, Philippines, affiant exhibited to me his/her Identification Card/No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_, 202\_\_.

Doc. No.: \_\_\_\_\_  
Page No.: \_\_\_\_\_  
Book No.: \_\_\_\_\_  
Series of 20 \_\_\_\_\_

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