

Republic of the Philippines  
 City/Municipality of SINAIT  
 Province of ILOCOS SUR

## OFFICE OF THE BUILDING OFFICIAL CIVIL/STRUCTURAL PERMIT

APPLICATION NO.

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C/SP NO

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BUILDING PERMIT NO.

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**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 _____			
<b>SCOPE OF WORK</b>							
<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"/> ACCESSORY BUILDING/STRUCTURE _____				
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING _____		<input type="checkbox"/> OTHERS (Specify) _____				

**BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)**

<b>NATURE OF CIVIL/STRUCTURAL WORKS:</b>		
<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 TOWERS
<input type="checkbox"/> PILING WORKS	<input type="checkbox"/> SLABS	<input type="checkbox"/> TANKS
<input type="checkbox"/> FOUNDATION	<input type="checkbox"/> WALLS	<input type="checkbox"/> OTHERS (Specify) _____
PREPARED BY _____		

**BOX 3**

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

**BOX 4**

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

**BOX 5**

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

**BOX 6**

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