

FEE PAID _____ OFFICIAL RECEIPT NO. _____
DATE PAID _____ DATE ISSUED _____

BOX 7 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)

ACTION TAKEN:

PERMIT IS HEREBY ISSUED/GRANTED SUBJECT TO THE FOLLOWING CONDITIONS:

1. That the designer is aware that under Article 1723 of the Civil Code of the Philippines, he is responsible for damages if within fifteen (15) years from the completion of the structure, it should collapse due to defect in the plans and specifications or defect in the ground. The engineer or architect who supervises the construction shall be solidarily liable with the contractor should the edifice collapse due to defect in the construction and the use of inferior materials.
2. That the proposed moving works shall be in conformity with the provisions of the "National Building Code" (PD 1096) and its Implementing Rules and Regulations.
3. That the owner shall engage the services of responsible licensed Architect or Civil Engineer to undertake the full time inspection and supervision of such work.
4. That the owner and contractor shall be jointly responsible for the safety, protection, security and convenience of the general public and his/her personnel, third parties, the works, equipment and the like.
5. That this permit shall not serve as exemption from securing permits/written clearances from various government authorities exercising regulatory function affecting buildings and other related structures.

PERMIT ISSUED:

LUIS B. ABELA

BUILDING OFFICIAL

(Signature Over Printed name)

Date _____

Republic of the Philippines
City/Municipality of _____
Province of _____

OFFICE OF THE BUILDING OFFICIAL

MOVING PERMIT

APPLICATION NO.

| | | | | | | | | | | | | | | | | | | | |
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MP NO

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BUILDING PERMIT NO.

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BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT AND/OR A DULY LICENSED DESIGN PROFESSIONAL)

| | | | | | |
|--|---|---|-------------------------------|----------|--------------|
| 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"/> DEMOLITION _____ | | | |
| <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

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

BOX 3

| | |
|---|-------------|
| FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS | |
| _____ | |
| ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Over Printed Name) Date _____ | |
| Address | |
| PRC. No | Validity |
| PTR. No | Date Issued |
| Issued at | TIN |

BOX 4

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

BOX 5

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

BOX 6

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|---|-------------|--------------|
| _____ | | |
| APPLICANT (Signature Over Printed Name) Date _____ | | |
| CTC NO. | DATE ISSUED | PLACE ISSUED |
| TIN | | |