



Republic of the Philippines
Province of Nueva Vizcaya
Department of Interior and Local Government

LOCAL GOVERNMENT UNIT OF BAYOMBONG

Municipal Planning and Development Coordinator

APPLICATION FOR LOCATIONAL CLEARANCE

1. NAME OF APPLICANT (Last, First, Middle)	2. NAME OF CORPORATION
3. ADDRESS/CONTACT NUMBER OF APPLICANT	4. ADDRESS/TEL. NO. OF CORPORATION
5. NAME OF AUTHORIZED REPRESENTATIVE	6. ADDRESS/TEL. OF AUTHORIZED REPRESENTATIVE
7. PROJECT TYPE	8. PROJECT NATURE [] New Development [] Others _____
9. PROJECT LOCATION (No., Street, Brgy., City/Municipality)	10. PROJECT AREA (In Square Meters) Lot _____ sq. m. Building _____ sq. m. Improvement _____
11. RIGHT OVER LAND [] Owner [] Others (Specify) _____ [] Lease	12. PROJECT TENURE [] Permanent [] Temporary
13. EXISTING LAND AND USE OF THE PROJECT SITE [] Residential [] Commercial [] Others [] Vacant/Idle [] Agricultural (Specify Crop) _____ [] Institutional [] Industrial [] Tenanted [] not Tenanted	
14. PROJECT COST (in pesos, write in words and figures)	
15. IS THE PROJECT APPLIED FOR THE SUBJECT OF WRITTEN NOTICE(S) FROM THE LOCAL GOV'T UNIT (LGU) TO PRESENT OR APPLY FOR LOCATIONAL CLEARANCE (LC)? [] YES (please indicate the following) [] NO Issuing Officer : _____ Order in the Notice : _____ Date of Notice : _____	
16. IS THE PROJECT APPLIED FOR THE SUBJECT OF RELATED ACTION(S) WITH THE LOCAL GOVERNMENT UNIT. [] YES (please indicate the following) [] NO Office where similar action(s) was filed _____ Date filed _____ Action taken _____	
17. PREFERED MODE OF RELEASE DECISION: [] Pick-up [] By Mail, address to _____ [] Applicant [] Authorized Representative	
18. SIGNATURE OF THE APPLICANT	19. SIGNATURE OF THE AUTHORIZED REPRESENTATIVE
Republic of the Philippines) _____)S.S. SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____ at the City/Municipality of _____, Province of _____. Affiant exhibited his/her Community Tax Certificate No. _____ issued at _____ on _____.	
Doc No. _____ Page No. _____ Book No. _____ Series No. _____	NOTARY PUBLIC

