

Republic of the Philippines
Municipality of Ginatilan
Province of Cebu

OFFICE OF THE BUILDING OFFICIAL

ARCHITECTURAL PERMIT

APPLICATION 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,		MUNICIPALITY		ZIP CODE	
								TELEPHONE NO	
LOCATION OF CONSTRUCTION:		LOT NO. _____		BLK NO. _____		TCT NO. _____		TAX DEC. NO. _____	
STREET _____		BARANGAY _____		MUNICIPALITY OF <u>GINATILAN, CEBU</u>					
SCOPE OF WORK ☐ NEW CONSTRUCTION ☐ RENOVATION _____ ☐ RAISING _____ ☐ ERECTION ☐ CONVERSION _____ ☐ ACCESSORY BUILDING/STRUCTURE _____ ☐ ADDITION ☐ REPAIR _____ ☐ OTHERS (Specify) _____ ☐ ALTERATION ☐ MOVING _____									

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

1. ARCHITECTURAL FACILITIES AND OTHER FEATURES PURSUANT TO BATAS PAMBANSA BILANG 344, REQUIRING CERTAIN BUILDINGS, INSTITUTIONS, ESTABLISHMENTS AND PUBLIC UTILITIES TO INSTALL FACILITIES AND OTHER DEVICES. STAIRS ☐ WASH ROOMS AND TOILETS ☐ SWITCHES, CONTROLS, BUZZERS ☐ DRINKING FOUNTAINS ☐ WALKWAYS ☐ LIFTS/ELEVATORS ☐ HANDRAILS ☐ PUBLIC TELEPHONES ☐ CORRIDORS ☐ RAMPS ☐ THRESHOLDS ☐ SEATING ACCOMMODATIONS ☐ DOORS ☐ ENTRANCES & THRESHOLDS ☐ PARKING AREAS ☐ FLOOR FINISHES ☐ OTHERS (Specify) _____									
2. PERCENTAGE OF SITE OCCUPANCY PERCENTAGE OF BUILDING FOOTPRINT _____% PERCENTAGE OF IMPERVIOUS SURFACE AREA _____% PERCENTAGE OF UNPAVED SURFACE AREA _____% OTHERS (Specify) _____					3. CONFORMANCE TO FIRE CODE OF THE PHILIPPINES (P.D. 1185) ☐ NUMBER AND WIDTH OF EXIT DOORS ☐ FIRE WALLS ☐ OTHERS (Specify) _____ ☐ WIDTH OF CORRIDORS ☐ FIRE FIGHTING AND SAFETY FACILITIES ☐ DISTANCE TO FIRE EXITS ☐ SMOKE DETECTORS ☐ ACCESS TO PUBLIC STREET ☐ EMERGENCY LIGHTS				

BOX 3

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

BOX 4

SUPERVISOR / IN-CHARGE OF ARCHITECTURAL WORKS	
_____ Date _____ ARCHITECT (Signed and Sealed Over Printed Name)	
Address	
IAPOA No.	Validity
PRC No.	Validity
PTR. No.	Date Issued
Issued at	TIN

BOX 5

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

BOX 6

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